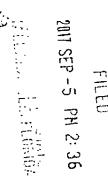
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}	
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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C. GOLDEN SEP - 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: 1	. S. Blessed Copp
DOCUMENT NUMBER: _ P/7000	067621
The enclosed Articles of Amendment and fee ar	submitted for filing.
Please return all correspondence concerning this	
Roberto	VElez quez
V.I.S.	Name of Contact Person Blessed work
2409 E. K	Firm/Company Poble Dr Lotzoc Address FL 34746
Kissinnec	Address FL 34746
	City/ State and Zip Code
Land address (to b	
E-man address. (to b	e used for future annual report notification)
For further information concerning this matter,	
Roberto Valazguez	at (407) 5/6-2084 Area Code & Davtime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount me	de payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 SEP -5 PM 2: 36

V.I.S. BLESSED Corp.	3 in 2: 36
(Name of Corp	oration as currently filed with the Florida Dept. of State)
P17000067621	ALASUEE, FLORION
(E	Pocument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. F	lorida Statutes, this Florida Profit Corporation adopts the following amendment(s)
s Articles of Incorporation:	
. If amending name, enter the new name of	 the corporation:
	The new
ame must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation ' word "chartered." "professional association," o	word "corporation," "company," or "incorporated" or the abbreviation Corp." "Inc," or "Co". A professional corporation name must contain the restriction "P.A."
Enter new principal office address, if appli	
Principal office address <u>MUST BE A STREET</u>	<u> [ADDRESS]</u>)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)
	gistered office address in Florida, enter the name of the
new registered agent and/or the new regist	tered office address:
Name of New Registered Agent	
 -	(Florida street address)
New Registered Office Address:	Charida
Hes Registered Office Address.	City) , Florida (City) (Zip Code)
ew Registered Agent's Signature, if changing	Registered Agent:
nereby accept the appointment as registered ag	ent. I am familiar with and accept the obligations of the position.
	

address of each Officer: (Attack additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO: held. President, Treasure, Changes should be noted	and/or D if necess rector title President Chief I r. Directo in the for	irector bei ary) e by the fir: : T= Treas Financial Cor would be lowing ma orporation.	ng added:	ach officer/director being removed and title, name, and stor; TR= Trustee; C = Chairman or Clerk; CEO = Chiep tolds more than one title, list the first letter of each office isted as the PST and Mike Jones is listed as the V. There is ad S. These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jon	es	
X Add	<u>sv</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	į	Name 	<u>Addres</u> s
1) Change	T	į	MAYRA IRIZARRY	2409 E. ROBLES DR
X Add				LOT 206
Remove				KISSIMMEE, FL 34746
2) Change				
Add				
Remove				
3) Change		 -		
Add				
Remove				
4) Change				
Add				
Remove				
51 Change		_		
Add				
Remove				
δ) Change				
Add				

_ Remove

cles, enter change(s) here:
(Be specific)
<u> </u>
-
ange, reclassification, or cancellation of issued shares,
idment if not contained in the amendment itself:

Phodosoft and an artist and an artist and and	08/19/2017			'S about hour de
The date of each amendment(s) adoption date this document was signed.	on:! 			_, if other than the
08/19/201 Effective date <u>if applicable</u> :	7			
	(no mor	re than 90 days after amend	ment file date)	
Note: If the date inserted in this block document's effective date on the Departm			g requirements, this date will i	not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>(E</u>)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie		lers. The number of votes ca	ast for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each				
"The number of votes east for th	e amendment(s)	was/were sufficient for app	roval	
by	(voting group		, ,,	
	woung group) <i>)</i>		
The amendment(s) was/were adopted action was not required.	by the board of o	directors without shareholde	er action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorpora	itors without shareholder act	tion and shareholder	
08/19/2017 Dated				
174KCU	2 nl 2		-	
Signature 🗸 🖊	111 -			<u> </u>
selected, by		ther officer – if directors or – if in the hands of a receive iduciary)		
ROE	BERTO N VELA	AZQUEZ		
	(Typed or	printed name of person sign	ning)	
PRE	SIDENT			
		(Title of person signing)		