119000137055

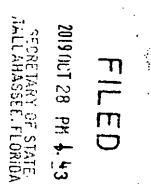
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(Address)	
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COVER LETTER

	tion Section of Corporations				
	O BLIND GUYS LLC				
SUBJECT:		Name of Limited Lial	oility Company		
The enclosed Arti	cles of Amendment and f	ee(s) are submitted	for filing.		
lease return all c	orrespondence concernin	g this matter to the f	ollowing:		
	VANCE BAU	SKE			
	TWO BLIND		Same of Person		
	6158 BURNS		Firm/Company		
	ORLANDO. I	·L 32822	Address		
	twoblindguys@)aol.com	State and Zip Code		
For further inforn	t:-i ation concerning this ma	nail address: (to be use ter, please call;	ea for future annual f	eport notification)	ı
VANCE BAUSK	Е		407 669	-9699	
	Name of Person		Area Code	Daytime Teleph	ione Number
Enclosed is a chec	k for the following amou	nt:			
\$25.00 Filing	Fee □ \$30.00 Filin Certificate	of Status	55.00 Filing Fee & Certified Copy additional copy is encl		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO BLIND GUYS LLC

(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on or limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co. Florida document number 1.19000137055	mpany were filed on $\frac{05/21/20}{}$	19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		2019 C
		TASSEE
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GREGORY J. LASCELLES	2407 W VINE ST. KISSIMMEE, FL 34741	- 433
			= Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			D Add
			☐ Remove
			□ Change
			☐ Remove
			Change
		Add	
			☐ Remove
			Change
			☐ Remove
	·		☐ Change

	
	
E Effor	tive date, if other than the date of filing: (optional)
(If an e <u>Note:</u>	fleetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 1f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Data	10.24-19
Date	D. Br
	Signature of a member of authorized representative of a member
	VANCE BAUSKE

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00