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COVER LETTER

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то:.	Registration Se Division of Cor			
CUD IE	BLAQD, L			
SUBJEC	تا:		ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JOSE FALCON		
			Name of Person	
		BLAQD, LLC		
		*	Firm/Company	
		3206 SOUTH MARITAN	A DRIVE	
			Address	
		ST. PETERSBURG, FL 33	3707	
			City/State and Zip Code	
		jfalcon@jerryulm.com		
			to be used for future annual report no	tification)
For furth	ner information c	oncerning this matter, please c	all:	
JOSE F	ALCON		727 452-3180 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
a ⁄	Mailing Address Registration S	Section	Street Address: Registration Se	
Division of C SUBJECT: BLAQD The enclosed Articles Please return all corre JOSE FALCON Nam Enclosed is a check for section of the section of C Mailing Add Registration	Division of C		Division of Co The Centre of	=
	Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BLAQD, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Corida document number <u>L21000287722</u>	Company were filed on June 21st, 2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
Matting address MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name	2022
Name of New Registered Agent:	·	3 7
New Registered Office Address:	Enter Florida street address	<u>က ၊ </u>
	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 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>	Address	Type of Action
CHRMN	JOSE FALCON	3206 S. Maritana Drive.	■Add
		ST. PETERSBURG, FL 33706	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
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E. Effective date, if other to (If an effective date is listed, the Note: If the date inserted is document's effective date of the control of	date must be specific n this block does no	and cannot be prior of meet the applic	able statutory filing	(option to than 90 days after fi requirements, this o	ling.) Pursuant to 605.0	207 Las
If the record specifies a delayed record is filed.	effective date, but	not an effective ti	me, at 12:01 a.m. or	the carlier of: (b)	The 90th day after t	he
October 5th		2022	·			
Dated						
Dated						

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