## 12/000298143

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29/18/24

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	Name of Limi	2 Blonde ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- Ang	Name of Person	<i>y</i> j
		Firm/Company	
	5200 N.	Hagler St. United Address  H Biach, FL.  City/State and Zip Code	1 2807
	West Pal	City/State and Zip Code	33407
	E-mail address: u	ope used for future annual report notific	ation)
For further information c	oncerning this matter, please ca		
Angella: Name o	Hurrary (Person	at ( <u>521)</u> <u>293</u> Area Code Daytime T	15313 Telephone Number
Enclosed is a check for the	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)
Mailing Addres Registration S	Section	Street Address: Registration Section	ion

Division of Corporations P.O. Box 6327

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Never 3	Blonde					
( <u>Name of the Limited Liability</u> (A Florida l	Limited Liability Company)	ars on our records.)				
The Articles of Organization for this Limited Liability Co	mpany were filed on _	9/9/202	4	and as:	signed	
Torida document number <u>4 21000 248143</u>	_•					
This amendment is submitted to amend the following:						
a. If amending name, enter the new name of the limit	ed liability company l	iere:				
SOFLO Extension The new name must be distinguishable and contain the words "Limit	501005	LLC				
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the	designation "LLC" or the	he abbrevi	ation "L	L.C."	
Inter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDRI	ESS)					
				:		
				<i>;</i>		
Inter new mailing address, if applicable:				<u> </u>	• ••	
Mailing address MAY BE A POST OFFICE BOX)			1957	PH		
			江川	မှ		
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3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our	records, <u>enter the r</u>	name of	the ne	<u>w regiş</u>	
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Fl	orida street address				
		, Florida	Florida			
	City		Z	ip 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
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			□Remove
		<del></del>	
			□Add
			□Remove
			□Change
<del></del>			□Add
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			Change  Change  Change  Add
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ffective date is	other than the date listed, the date must be sp	ecific and cannot be no	rior to date of filing	or more than S	<u>O dave after</u>	onal) Pursuant to 605.0
int the date is ment's effecti	inserted in this block do ive date on the Departn	nes not meet the apparent of State's recor	olicable statutory ds.	filing require	ments, thi	s date will not be listed
ord specifies a filed.	i delayed effective date.	, but not an effectiv	e time, at 12:01 a	a.m. on the ca	rlier of: (b	) The 90th day after t
d	19/2024		·			
	Signat	aure of Amember or an	HUTTO	ative of a men	ber	
	1	,	Control of sign			