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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

: (407)932-0040

Phone

Fax Number

: (407)520-5473

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLABLA EVENT CENTER LLC

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COVER LETTER

	sion of Corp					
SUBJECT:	BLABLA E	VENT CENTER LLC				
Bobbee 1.	7-2 4-4	Nume of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
Please return	all correspoi	ndence concerning this matter	to the following:			
		LILENMY CAROLINA C	CHOA.			
			Name of Person			
	•	BLABLA EVENT CENTE	ER LLC			
			Firm/Company			
9521 S ORANGE BLOSSOM TRL SUITE 114					65	
			Address			
		ORLANDO, FL, 32837			YIT FIRELS	;
			City/State and Zip Code			T
		MIGUELPETITC@GMAIL			:	\$
To Combon to	£		to be used for future annual report not	dication)	i îo	
tor further in	iormation co	oncerning this matter, please of	ali:			
MIGUEL AN	NGEL PETI	T CORONEL	+1 3212745957 as ()			
	Name of	Person	Area Code Daytin	ne Telephone Number	-	
Enclosed is a	check for th	c following amount:				
≘ \$ 25,00 F	iling Fee	- □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is 	tatus &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLABLA EVENT CENTER LLC					
(Name of the Limb	ed Liability Company (A Florida Limited Lic	v at it now appears on our ability Company)	records.)	·	
The Articles of Organization for this Limited L	iability Company w	vere filed on 05/17/2024		_ and assigned	
Florida document number L23000275198	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the ilmited liabili	ity company here:			
The new name must be distinguishable and contain the v	vords "Limited Llabilit	y Company," the designation	"LLC" or the abbre	eviation "L.L.C."	_
Enter new principal offices address, if applic	able:			~ 3	
(Principal office address MUST BE A STREE	T ADDRESS)		-	£3	_
				:	,
				· · · · · · · · · · · · · · · · · · ·	·
Enter new mailing address, if applicable:				~	
(Mailing address MAY BE A POST OFFICE	BOX)			. 1 = 3	
[20.17			, i3	— (, <u>,</u> ,,
				11 10	
B. If amending the registered agent and/or agent and/or the new registered office addre	~	ddress on our records,	enter the name	of the new regis	tered
Name of New Registered Agent:	MIGUEL ANGE	EL PETIT CORONEL			_
New Registered Office Address:	9521 S ORANG	E BLOSSOM TRL, SUIT			
		Enter Florida street	adáress		
	ORLANDO		, Florida ³²⁸³	7	
		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

To: Sunbiz

Page: 4 of 5

2024-05-17 17:58:23 GMT

14075205473

From: RC TAX SERVICE

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
AMBR	OCHOA LILENMY CAROLINA	9521 S ORANGE BLOSSOM TRL	
		SUITE 114	■Remove
		ORLANDO, FL, 32837	☐Change
			□Remove
			□Change 3
			bba
			□ Remove ?
			□Change ± 0
			□Add
			Remove
			☐ Change
			□Addi
			: Remove
			☐ Change
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			□Remove
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ctive date, if other than affective date is listed, the date inserted in the ment's effective date on the	iis block does not i	neet the applicabl	late of filing or more e statutory filing re	(optional than 90 days after filin quirements, this dat	l) g.) Pursuant to 605.020' to will not be listed as
ord specifies a delayed eff filed.	ective date, but no	t an effective time	, at 12:01 a.m. on t	he earlier of: (b) 1	The 90th day after the
d 05/17	0/0/	, <u>2024</u>			
	Wallet	mamhar or milhoria	ed representative of	meniher	
	Signature of a	member or authoriz	ed representative of	member	