# L19000 285635

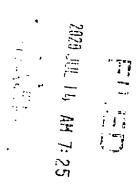
(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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AUG 24 2020 S. YOUNG

### COVER LETTER /

Registration S Division of Co	ection rporations		
SUBJECT: MSBLA	SHESCU, LLC		
		nuted Lability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
	ondence concerning this matte	-	
	Brittney Rachel		
	Briandy Madridi	Name of Person	
	MSBLASHESCO, L	LC	
		Firm Company	
	8890 NW 78th C	ourt Apt 348	
		Address	
	Tamarac, Florida 33321		
	Buttney of	Dity/State and Zip Sole  The Control of Tuture annual region para	100 · CDM
For further information c	oncerning this matter, please c		
Brittney Rachel		at (305 ) 5607409	
Name o	Person	Area Code Day	hone Number
Enclosed is a check for th	re following amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.60 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taflahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clition Building 2001 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSBLASHESCO, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/14/2020 and assigned Florida document number L19000285635 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: . The new name must be distinguishable and entain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7901 4th St N Enter new mailing address, if applicable: STE 300 (Mailing address MAY BE A POST OFFICE BOX) St. Petersburg FL 33702 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Northwest Registered Agent LLC Name of New Registered Agent: 7901 4th St N STE 300 New Registered Office Address: Enter Florida street address

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.

St. Petersburg

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

MGR = - A AMBR = -2	danager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			Remove
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<del></del>			□ Add
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			Change
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ective date, if other than the date o	of filing: (optional)
offective date is fisted, the date must be spec-	citic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 is not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effec he 90th day after the record is	tive date, but not an effective time, at 12:01 a.m. on the earlier of filed.
07.11e-2521	J
- Jocation	re of a member or authorized representative of a member

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