

5/13/22, 9:49 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L2000033150

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(((H22000171715 3)))



H220001717153ABC-

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2022 MAY 13 AM 9:55

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 BLAZZ SHOPS, LLC**

Certificate of Status	0
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APPROVED  
 AND  
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 2022 MAY 13 AM 11:58

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000171715 3)))  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BLAZZ SHOPS, 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 01/27/2020 and assigned Florida document number L20000033150.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2022 MAY 13 AM 11:58  
FILED  
AMU  
AVENTURA, FL

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:

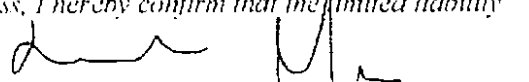
Name of New Registered Agent: LEAH MAMAN

New Registered Office Address: 3210 NE 183RD ST  
*Enter Florida street address*

AVENTURA, Florida 33160  
*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

((H22000171715 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MAMAN, ALON	1703 MISSOURI AVE N	<input type="checkbox"/> Add
		LARGO, FL 33770	<input checked="" type="checkbox"/> Remove
MGR	MAMAN, LEAH	7901 4TH ST N STE 300	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: <sup>((1122000171715 3))</sup> *Attach additional sheets, if necessary.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

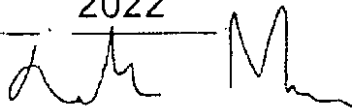
\_\_\_\_\_

\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: 05/09

2022



Signature of a member or authorized representative of a member

LEAH MAMAN

Typed or printed name of signee