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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Blondes and bundles LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cincli M. Strongin
Blandes and bundles LLC
Co177 S Jog Rd Unit 111) Suite III
Lake Worth FL 33467 City/State and Zip Code
Cindimaries tronging outlook com E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
Cindi Styongin at (305) 9330557  Name of Person at (306) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  \$\subseteq \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  \$\text{Certified Copy} \tag{Certified Copy} \tag{Certified Copy} \tag{Certified Copy} \tag{(additional copy is enclosed)}

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



(Name of the Limited Liability Comp (A Florida Limited	pany as it now ap I Liability Compa	pears on our recony)	rds.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>(2000/57570</u> .	y were filed on	06-09-	2020 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility compan	y here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," t	he designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
		•	
Enter new mailing address, if applicable:			Road Unit IID Suite II
(Mailing address MAY BE A POST OFFICE BOX)	lake w	orth, FÍ.	33467
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	e address on ou	ır records, <u>ente</u>	r the name of the new registered
		<del></del>	
New Registered Office Address:	Enter	Florida street addr	C5.5
		. F	lorida
	City		lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance provided for	e of my duties, o in Chapter 605	and I am familiar with and , F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Cindi Strongin	6177 S jog Road Unit 110	) Suite 111
		Lake Worth F/33467	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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