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TALLAHASSEE FLORID.

W. HARRIS

COVER LETTER

TO:	Registration Se Division of Co			
SHRI	ECT:	BLASTONIAN E	NIERPHISES, LLC	2
50130		Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		CAROLE	SUZANNE KELLY Name of Person	
			Name of Person	
		BLAST	ONIAN EMERPRIS	E, LLC
			Firm/Company	
		8513	CYPRESS HOLLOW C	OURT
			Address	
		SANFOR	City/State and Zip Code	-77/
			City/State and Zip Code	
		SKelly (@firehouse subs	.com
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
	Suza	ANNE KELLY	at (407) 948 Area Code Daytime	-7983
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclo	sed is a check for the	he following amount:		
□ \$2	25.00 Filing Fee	S30.00 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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) SANGLO, FROM 3277/ Enter new mailing address, if applicable:	BLASTONIAN E	WER PRISES,	LLC	
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailling address, if applicable: Mailling address MAY BE A POST OFFICE BOX) BS13 CYPRESS HOLLON COVEY SANFOLD, FLORIDA 32-771 B. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: SSANFOLD, Florida 32-771 City Florida 32-771 City Topical	(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appea Limited Liability Company)	rs on our records.)	
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) SANGED, FIGURE 32771 Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) SANGED, FIGURE 32771 B. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: SANGED, Florida 32771 City Florida 32771 Zip Code		mpany were filed on _	9/5/08	and assigned
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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new malling address, if applicable: Mailing address MAY BE A POST OFFICE BOX) BS/3 CYPRESS HOLLOW COURT SANFOLD, FLORIDA 32771 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: SSIS CYPRESS HOLLOW COURT Enter Florida street address Enter Florida street address SANFOLD Florida Tip Code	This amendment is submitted to amend the following:			
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Principal office address MUST BE A STREET ADDRESS) 8513 CYPRESS HOLLOW COURT SANFOLD, FLORIDA 32-771 Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 8513 CYPRESS HOLLOW COURT SANFOLD, FLORIDA 32-771 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 8513 CYPRESS HOLLOW COURT CALOUE SUZAWNE KELY New Registered Office Address: SANFOLD Florida 32-771 Zip Code	The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the al	obreviation "L.L.C."
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Mailing address MAY BE A POST OFFICE BOX 8513 CYPRESS HOLLOW COURT SANFOLD, FLORIDA 32771 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 8513 CYPRESS HOLLOW COURT Enter Florida street address SANFOLD City Florida 32771 Zip Code		SANGO	O, FLORIDA	3277/
Name of New Registered Agent: New Registered Office Address: Sold Cypers Hour Court	Enter new mailing address, if applicable:			
Name of New Registered Agent: New Registered Office Address: Sold Cypers Hour Court	(Mailing address MAY BE A POST OFFICE BOX)	85/3	CYPRESS HOLL	on Course
Name of New Registered Agent: New Registered Office Address: Sold Cypers Hour Court		SANFE	RD, FLORIDA	32771
SANGOO, Florida 3277/ City Florida Zip Code	registered agent and/or the new registered office addre	ess here:		
SANGOO, Florida 3277/ City Florida Zip Code	- Indian of the Artest	3513 613 3	11 10	
SANGOO, Florida 3277/ City Florida Zip Code	New Registered Office Address:	SS/3 CYPRESS	HOWON COUR	<i>F</i>
		San I Coop	ruu sireet aauress	21221
		City	, Florida	34/11
				zip Coae

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

Page 1 of 3

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest earliest the record is filed. JONE 30 , 2017 Caule Sugane Helly Signature of a member or authorized representative of member Capile Suzanne Kelly	ive date, if other than the date of filing: Coptional Coptional	A	THES	OF	INCOP	SHOULD	REFLECT	NEW	LEC-1STERD
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Filing Fee: \$25.00