L090000 63787

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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WALK IN

	PICK	UP:	MISTY 7/5
XX	CERTIFIED COPY PHOTOCOPY		
	CUS		
XX	FILING	LL	C AMEND
1.	BLINK RELATIONS, LI (CORPORATE NAME AND DOCUM	LC MENT #)	
2.	(CORPORATE NAME AND DOCUM	MENT#)	
3,	(CORPORATE NAME AND DOCUM	MENT#)	
4.	(CORPORATE NAME AND DOCUM	MENT #)	
5.	(CORPORATE NAME AND DOCUM	MENT #)	
6.	(CORPORATE NAME AND DOCUM	MENT#)	
SPECL INSTR	AL UCTIONS:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLINK RELATIONS, LLC		
(Name of the Limited Liahility Com (A Florida Limited	pany as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Companiorida document number <u>L09000063787</u>		and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lis	ibility company here:	
I/A		
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:	N/A	~
Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		
Inter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		*,,
Mauring dudiess MAT BEAT 001 011102 0004		<u> </u>
3. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, enter the	name of the new regis
New Registered Office Address:		
	Enter Florida street address	
 	, Flori	daZip Code
	City	гар Соав

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

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
MGR	KATHERINE FLEISCHMAN	403 GOLDEN BEACH DRIVE	□Add
		GOLDEN BEACH, FL 33160	
			□Change
MGR	VICTORINE FLEISCHMAN	403 GOLDEN BEACH DRIVE	
		GOLDEN BEACH, FL 33160	□Remove
			Change
			
			PRemove
			
			□ Change
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N/A		
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ffective date, if other than the date of fi	iling: (optional) c and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to	605.02
Note: If the date inserted in this block does n	not meet the applicable statutory filing requirements, this date will not be	listed :
document's effective date on the Department	of State's records.	
and and the delegation data has been	and an effective time at 12:01 a.m. on the earlier of (h). The 90th day:	after th
e record specifies a delayed effective date, but red is filed.	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	
June 30 Dated	2023	
	11) = -	
	of a member or authorized representative of a member	
N'agrat of the same	OLD DEMONST OF BUILDONIZED TEDTESSEDIATIVE OF A HIGHIDGE	