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| Certified Copies | Certificate | es of Status |
| Special instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|--------|--|--|
| SUBJ | IECT: Bleb Holdings LLC | |
| | (Name of Limited Liability Com | pany) |
| The e | nclosed member, resignation or dissociation and fee(s) | are submitted for filing. |
| Please | e return all correspondence concerning this matter to: | |
| Stu | uart R Blum | |
| | (Contact Person) | |
| | Bleb LLC | |
| | (Firm/Company) | Act. |
| 2 | 260 Carina Dr | |
| | (Address) | · |
| | Jupiter, FL 33478 | |
| | (City/State and Zip Code) | |
| For fu | orther information concerning this matter, please call: | |
| Stu | uart R Blum 954 | 682-1515 |
| | | & Daytime Telephone Number) |
| | osed please find a check made payable to the Florida D 5 Filing Fee S55 Filing | epartment of State for: Fee & Certified Copy |
| | 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

| 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 "L.L.C." |
| | | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | 2-2-3 |
| (Mailing address MAY BE A POST OFFICE BOX) | | : · |
| | | |
| | | .* |
| B. If amending the registered agent and/or registered of | lice address on our records, enter t | he name of the new regis |
| agent and/or the new registered office address here: | · · · · · · · · · · · · · · · · · · · | (3) |
| | | |
| Name of New Registered Agent: | | 10. |
| Name of New Registered Agent. | | |
| New Registered Office Address: | | · · · · · · · · · · · · · · · · · · · |
| | Enter Florida street address | |
| | | rida |
| | 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

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 |
|--------------|----------------------------|-----------------------|-------------------|
| MGRM | WENDY A LEB TRUST OF 1989 | 26 EMERALD CIRCLE | |
| | | ORMOND BEACH FL 32174 | ■Remove |
| | | | |
| MGRM | ROBERT B LEB TRUST OF 1989 | 26 EMERALD CIRCLE | |
| | | ORMOND BEACH FL 32174 | ■Remove |
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| fective date, if other than the offective date is listed, the date must te: If the date inserted in this blocument's effective date on the Department. | ck does not meet the | e prior to date of fil applicable statute | ing or more than 90 day- ry filing requirement | optional) safter filing.) Pursuant to s, this date will not be | o 605.020 c listed a |
| cord specifies a delayed effective s filed. | date, but not an effec | tive time, at 12:0 | l a.m. on the earlier | of: (b) The 90th day | after th |
| ed AUGUST 1 | , 2023 | · | | | |
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