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JUN 6 - 2012

**EXAMINER** 



500235438415

06/04/12--01026--010 \*\*25.00



## **COVER LETTER**

	Registration Section Division of Corpor		,		۸
SUBJEC	т.	Blaze H	oldings, L.L.C.		
3 <b>0302</b> 0		Name of Limi	ted Liability Company		
The enclo	osed Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please ret	turn all corresponde	nce concerning this matter	to the following:		
	_				
Name of Person					
Blaze Holdings, L.L.C. Firm/Company					
P.O. Box 812260					
			Address		
	-	Boca	Boca Raton, FL 33481-2260		
			City/State and Zip Code njennings08@gmail.co		
For further	er information conc	erning this matter, please c	all:		
	Justin	Jennings	at ( 561 )	702-3966	
	Name of Pe	rson	Area Code & I	Daytime Telephone Numb	er
Enclosed	is a check for the fe	ollowing amount:			
\$25.00	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certific	iling Fee, cate of Status & ed Copy onal 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

Blaze Holdi		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL1200055036	were filed on4/23/12	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	199 East Boca Raton Road	100 Marie 100 Ma
(Principal office address MUST BE A STREET ADDRESS)	Suite B	2
	Boca Raton, FL 33432	E Tomos
Enter new mailing address, if applicable:	P.O. Box 812260	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33481-2260	N. C.
		<b>G</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	ddress	
	. Florida	
·	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address Type of Action MGRM Justin Jennings** 199 East Boca Raton Road ☐ Add Suite F ✓ Remove Boca Raton, FL 33432 **Justin Jennings** MGR 199 East Boca Raton Road ✓ Add Suite B □ Remove Boca Raton, FL 33432 ☐ Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Justin Jennings

Typed or printed name of signee

Dated\_

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Filing Fee: \$25.00