## 1/3000025659

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL.       |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    | :           |
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FILED SECRETARY OF STATE TALLAHASSEE, FLORID,

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## **COVER LETTER**

|                    | istration Section sion of Corporation: | <b>;</b>                               |   |  |
|--------------------|--|--|---|--|
| SUBJECT:           | BLANAR                                 | ENTERPA                                | RISES, LLC<br>uited Liability Company   |  |
|                    |  | Name of Lim                            | ited Liability Company  |  |
| an 1 1             |  |  |   |  |
| The enclosed       | Articles of Amendme                    | ent and fee(s) are sub                 | mitted for filing,  |  |
| Please return      | all correspondence co                  | oncerning this matter                  | to the following:   |  |
|                    |  |  |   |  |
|                    |  | Rafael                                 | Lomanto Name of Person  |  |
|                    |  |  | Name of Person  |  |
|                    |  |  |   |  |
|                    |  |  | Firm/Company  |  |
|                    | lic                                    | VIII 6.11 11                           | th manne  |  |
|                    | 110                                    | 191 300 10                             | oth Manor<br>Address  | · · · · · · · · · · · · · · · · · · ·  |
|                    |  |  |   |  |
|                    |  | Javie, FL                              | 33324 City/State and Zip Code Chotmark Common to be used for future annual report |  |
|                    | $\mathcal{D}_{i\infty}$                | cal lamant                             | Only/state and zap code   |  |
|                    | 129                                    | E-mail address: (                      | to be used for future annual report   | notification)  |
| For further in:    | formation concerning                   |  |   |  |
| RaFo               | el Joman                               | to                                     | m ( HO7 \ 69'   | 21950  |
|                    | Name of Person                         | <u> </u>                               | at ( <u>407)</u> 699<br>Area Code Day   | rtime Telephone Number   |
|                    |  |  |   |  |
| Enclosed is a      | check for the followi                  | ng amount:                             |   |  |
| <b>\$25</b> .00 Fi | _                                      | .00 Filing Fee & crtificate 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, FE 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
266F Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BLANAK ENTERPI   | eises, LLC   | ,   | <del></del>                  |                   |
|--|--|---|------------------------------|-------------------|
| (Name of the Limited Liability (A Florida Li   | mited Liability Company  | )   |                              |                   |
| The Articles of Organization for this Limited Liability Con<br>Florida document number <u>L13000025659</u> .   |  | 02/19/2013  | _ and assign                 | ned               |
| This amendment is submitted to amend the following:  |  |   |                              |                   |
| A. If amending name, enter the new name of the limite  | d liability company  | here:   |                              |                   |
| The new name must be distinguishable and contain the words "Limited  | I Liability Company," th   | e designation "LLC" or the abbre                          | viation "L.L.C               | <del></del>       |
| Enter new principal offices address, if applicable:  |  |   |                              |                   |
| (Principal office address MUST BE A STREET ADDRE   | <u> </u>   |   | <b>ಪ</b>                     | AEC<br>SEC        |
|  | <del></del>  |   |                              | <u>AR</u>         |
|  |  |   | 26                           | FIL<br>ARY<br>SSI |
| Enter new mailing address, if applicable:  |  |   | 2                            |                   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |                              | L'S               |
|  |  |   | 25                           | <u> </u>          |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:   |  | our our records, enter th                                 | e name or                    | ——                |
|  | Enter Florida street address   |   |                              |                   |
|  |  | , Florida   |                              |                   |
| Non-Book and Associated Classic Control of the Cont | City   |   | Zip Code                     |                   |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.   | d agree to act in thi<br>plete performance of<br>tas provided for in | of my duties, and I am fam.<br>Chapter 605, F.S. Or, if i | niliar with a<br>this docume | ınd               |
| Ī  | f Changing Registered  | Agent, Signature of New Regist                            | tered 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 = A     | Authorized Member |   |                  |
|--------------|-------------------|---|------------------|
| <u>Title</u> | Name              | Address   | Type of Action   |
|              |                   |   | [F]Add           |
|              |                   |   |                  |
|              |                   |   | Change           |
| ***********  |                   |   | ⊞Add             |
|              |                   |   | E Remove         |
|              |                   |   | E Change         |
|              |                   |   | [F]Add           |
|              |                   |   | i Remove         |
|              |                   |   | Change           |
|              |                   |   | [[]]Add          |
|              |                   |   | <u>!!</u> Remove |
|              |                   |   | LI Change        |
|              |                   | 11-14-7-18-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | [E]Add           |
|              |                   | **************************************          | Remove           |
|              |                   |   | Change           |
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|              |                   |   |                  |
|              |                   |   | Change           |

|                  | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |                                       | _                |
|------------------|---|---------------------------------------|------------------|
|                  | •   |                                       | -                |
| _                |   |                                       | -                |
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| <del>*****</del> |   |                                       | <del>-</del>     |
|                  |   |                                       | -                |
| Note: if         | e date, if other than the date of filing: 03 20 2018 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date what's effective date on the Department of State's records. | Pursuant to 60.                       | 5.0207<br>ted as |
| ne reco<br>The 9 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 00th day after the record is filed.  | n the earli                           | er of            |
| Dated _          | 03/20/2018  Signature of a member or authorized representative of a member  |                                       |                  |
|                  | Rafael Lamanto. Typed or printed name of signee   |                                       |                  |

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Filing Fee: \$25.00