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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH OF BOCA RATON
Account Number : 076376001555
Phone : (803)255-9617
Fax Number : (561)483-7321

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Dayna@daynamanagement.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLAQUE INK, LLC**

Certificate of Status	0
Certified Copy	1
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2023 DEC 21 PM 4:03

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 DEC 21 PM 4:03

H23000434598 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLAQUE INK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 16, 2013 and assigned
Florida document number L13000149421.

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 "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6590 W. Rogers Circle

Suite 8

Boca Raton, FL 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6590 W. Rogers Circle

Suite 8

Boca Raton, FL 33487

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Dayna N. Carrano

New Registered Office Address:

6590 W. Rogers Circle, Suite 8

Enter Florida street address

Boca Raton

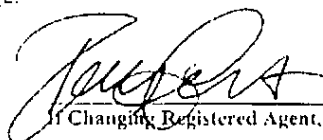
Florida 33487

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

H23000434598 3

H23000434598 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Carolyn Carrano	12525 Oak Arbor Lane	<input type="checkbox"/> Add
		Boyton Beach, FL 33436	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dayna N. Carrano	6590 W. Rogers Circle	<input type="checkbox"/> Add
		Suite 8	<input type="checkbox"/> Remove
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H23000434598 3

H23000434598 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 21, 2023

Signature: _____

Signature of a member or authorized representative of a member

Dayna N. Carrano

Typed or printed name of signee

H23000434598 3

Filing Fee: \$25.00