

L140000 18261

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TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

BLAIR RENTAL PROPERTIES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JAY BLAIR Name of Person BLAIR RENTAL PROPERTIES, LLC Firm/Company 2857 S. BUMBY AVE Address ORLANDO, FL 32806 City/State and Zip Code BLAIRAIR@CFL.RR.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 468-0096 JAY BLAIR Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLAIR RENTAL PROPERTIES, LLC		
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L14000018261	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADD	RESS)	
		179
		-5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register igent and/or the new registered office address here		e name of the new regis
gent and of the new registered write address here	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida
	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 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

Title	<u>Name</u>	Address	Type of Action
MGR	JASON L BLAIR	3220 Dupree St	■Add
		Orlando, FL, 32806	□Remove
			□Change
			□Add
			□Remove
			☐Change
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·	04/24/201	24	(optional)	
'Westing data if other than the	06/24/202			
Effective date, if other than the fan effective date is listed, the date mus	date of filing: t be specific and cannot be pri-	or to date of filing or more than	90 days after filing.) Pursuant to	605.0207
fan effective date is listed, the date mus Note: If the date inserted in this bl	date of filing: st be specific and cannot be pri- ock does not meet the appl	licable statutory filing requir	90 days after filing.) Pursuant to	605.0207 listed as
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Filing Fee: \$25.00