## L14 000 157676

(F	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
· ·	_
<u> </u>	511 041
Special Instructions t	to Filing Officer:

Office Use Only



600303834876

10/24/17--01037--026 \*\*25.00

11 577 ZY NH 8: 49

OCT 26 2017

Y SULKER

## **COVER LETTER**

Division of Corpo	orations		
SUBJECT:	Blaylock VA	v. uc	
	Name of Limit	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	RICHA	RD HAVLEY Name of Person	
	Blaylock	VAV: LLC Firm/Company	
	•	Firm/Company	
	600 LEANGT	ON WE 320	FWE
	<del></del>	Address	
	NEW York, N'	Address  Address  City/State and Zip Code  DOV - 11C - COM  be used for future annual report no	
	chan lev D	City/State and Zip Code	_
	E-mail address: (to	be used for future annual report no	otification)
	cerning this matter, please ca	U:	
RICHARD	HANLEY	$\frac{1}{\sqrt{2}} \operatorname{at} \left( \frac{2}{\sqrt{2}} \right) \frac{1}{\sqrt{2}} $	- 6652
Name of P	erson	Area Code Dayti	me Telephone Number
Enclosed is a check for the	<del>-</del>		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate 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, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

STREET/COURIER ADDRESS:

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blayloc	K BEAL VAN, 11C
(Name of the Limited L. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on 101912014 and assigned 1636.
his amendment is submitted to amend the following	ığ:
A. If amending name, enter the new name of the	limited liability company here:
Blaylock VAN, 1	LLC
he 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 A	DDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u> </u>
egistered agent and/or the new registered office	registered office address on our records, <u>enter the name of the address here</u> :
	=======================================
Name of New Registered Agent:	
New Registered Office Address:	D.y.
	Enter Florida street address Florida
-	City - Zip Cride
Low Registered Agent's Signature, if changing Regis	ctored Aparts 9

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
		<del></del>	
			□ Remove
			Change
			Add
		<del></del>	☐ Remove
			Change
		<del></del>	C≥ Add
		····	Remove
		···· · · · · · · · · · · · · · · · · ·	Change
		<del></del>	
			Remove
			Change
		-	Remove
			□ Change

	·	<u>.</u>
· · · · · · · · · · · · · · · · · · ·		
		<del></del>
		<u>.</u>
		77
		· .~.
	· · · · · · · · · · · · · · · · · · ·	[.v.
		<b>&gt;</b> a
		ço ~~
	<u> </u>	61
tive date, if other than the date of filing:	(optional)	
Tective date is listed, the date must be specific and cannot be prior to date of filing or more the lift the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records.	han 90 days after filing.) Pu	
cord specifies a delayed effective date, but not an effective time e 90th day after the record is filed.	e, at 12:01 a.m. on	the earli
OCTUBER 20. 2017  Suchelly, CO		
Signature of a member or authorized representative of a		

Page 3 of 3

Filing Fee: \$25.00