## 115000109120

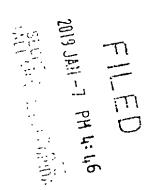
| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|                                         |
|                                         |
|                                         |

Office Use Only



700322187227

01/07/19--01017--004 \*\*30.00



('(1) N((1)(-1))

> JAN 1.5 2019 I ALBRITTON

## **COVER LETTER**

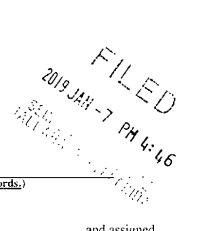
| TO: Registration Solution of Co. |                                               |                                                                     |                                                                                            |
|----------------------------------|-----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Mind Blov                        |                                               |                                                                     |                                                                                            |
| SUBJECT:                         | Name of Lin                                   | nited Liability Company                                             |                                                                                            |
| The enclosed Articles of         | Amendment and fee(s) are sub                  | omitted for filing.                                                 |                                                                                            |
| Please return all correspondence | ondence concerning this matter                | to the following:                                                   |                                                                                            |
|                                  | Benjamin Korray                               |                                                                     |                                                                                            |
|                                  |                                               | Name of Person                                                      |                                                                                            |
|                                  |                                               | Firm/Company                                                        |                                                                                            |
|                                  | 973 NE 95th Street                            |                                                                     |                                                                                            |
|                                  |                                               | Address                                                             |                                                                                            |
|                                  | Miami Shores, FL 33138                        |                                                                     |                                                                                            |
|                                  | benjamin@korraylaw.com                        | City/State and Zip Code                                             |                                                                                            |
|                                  | E-mail address: (                             | to be used for future annual report notif                           | ication)                                                                                   |
|                                  | concerning this matter, please c              |                                                                     |                                                                                            |
| Benjamin Korray                  |                                               | 646 838-1374                                                        |                                                                                            |
| Name o                           | of Person                                     | at ()<br>Area Code Daytime                                          | Telephone Number                                                                           |
| Enclosed is a check for t        | he following amount:                          |                                                                     |                                                                                            |
| ■ \$25.00 Filing Fee             | \$30.00 Filing Fee &<br>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) |
| 24.11                            | IV.C. A MANDESS.                              | CERTIFICATION                                                       | CD AINDDECC.                                                                               |

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



Mind Blow, 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 Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | pany were filed on $\frac{06/22/201}{}$ | 5 and assigned                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| Florida document number 1.15000109120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                       |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                       |
| A. If amending name, enter the new name of the limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | l liability company here:               |                                       |
| River 71, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                       |
| The new name must be distinguishable and contain the words "Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Liability Company," the designation     | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                       |
| (Principal office address MUST BE A STREET ADDRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>                                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | ecords, enter the name of the new     |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Enter Florida stree                     | and a                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enier Fioriaa siree                     | i daaress                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | , Florida<br>Zip Code                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                    | Zip Code                              |
| New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist | gent:                                   |                                       |
| I hereby accept the appointment as registered agent and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | l agree to act in this capacit          | v. I further agree to comply with the |

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<br>uthorized Member |             |                |
|--------------------|----------------------------|-------------|----------------|
| <u>Title</u>       | Name                       | Address     | Type of Action |
|                    |                            |             | Add            |
|                    |                            |             | ☐ Remove       |
|                    |                            |             | □ Change       |
|                    |                            |             |                |
|                    |                            |             | □ Remove       |
|                    |                            |             | Change         |
|                    |                            |             | □ Add          |
|                    |                            |             | ☐ Remove       |
|                    |                            |             | Change         |
|                    |                            |             | Add            |
|                    |                            |             | □ Remove       |
|                    |                            |             | □ Change       |
|                    |                            |             |                |
|                    |                            | <del></del> | Remove         |
|                    |                            |             | Change         |
|                    | <u> </u>                   |             |                |
|                    |                            |             | □ Remove       |
|                    |                            |             |                |

|                                                                                                                                                         | -                                                                                                                                 | -                                                                                            | <del></del>                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         | <u> </u>                                                                                                                          |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              | · ·                                               |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              | <del></del>                                       |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              | <del></del>                                       |
|                                                                                                                                                         |                                                                                                                                   | <u> </u>                                                                                     |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
| Effective date, if other than the If an effective date is listed, the date mu. Note: If the date inserted in this bl document's effective date on the D | date of filing:st be specific and cannot be prior to date of ock does not meet the applicable state epartment of State's records. | (optional) filing or more than 90 days after filing.) utory filing requirements, this date v | Pursuant to 605.0207 (<br>vill not be listed as t |
| ne record specifies a delayed<br>The 90th day after the rec                                                                                             | d effective date, but not an ef<br>ord is filed.                                                                                  | fective time, at 12:01 a.m. o                                                                | on the earlier of:                                |
| January 1<br>Dated                                                                                                                                      | 2019                                                                                                                              |                                                                                              |                                                   |
|                                                                                                                                                         |                                                                                                                                   |                                                                                              |                                                   |
|                                                                                                                                                         | //                                                                                                                                |                                                                                              |                                                   |
|                                                                                                                                                         | Signature of a member or authorized rep                                                                                           | resentative of a member                                                                      |                                                   |

Page 3 of 3

Filing Fee: \$25.00