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(Re	equestor's Name)	
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Blake Consu	Iting SC, LLa ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		J. Heidemann Name of Person	
	The Blake	Whitney Thompson Firm/Company	~ Company
	P.O. Box	7598	
		Address	**************************************
	St. Peters	burg, FL 337	734
	hheidemar	City/State and Zip Code On & bwteom particle be used for future annual report notifie	ny.com
	E-mail address: (to be used for future annual report notific	
For further information of	oncerning this matter, please c	all:	ALLEAN JAN
Stather	1. Ludemann	at (<u>727)</u> 498-3 Area Code Daytime	3330 x 201 2
Name o	f Person	Area Code Daytime	3330 x 26/ Telephone Numberm 20
Enclosed is a check for the	he following amount:		8 =
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Cen	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blake Consulting	SC. LLC
	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000145298</u>	were filed on $8/35/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Blake Wilder Strateg	ies, LLC
The new name must be distinguishable and contain the words "Limited Liabsenter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	M/4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	7AL
New Registered Office Address.	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent	_
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is

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>	Type of Action
	N/A		Add
			☐ Remove
			Change
			Remove
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			□ Remove
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	***************************************		TANECRE TANE
			ASSECUTION OF STATE O
			
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					RIDA RIDA	
Effective date, if other fan effective date is listed, Note: If the date inserte locument's effective dat	the date must be specific a d in this block does no	and cannot be prior to t meet the applicable	date of filing or more	(options) than 90 days after fility quirements, this day	ing.) Pursuant to 60:	5.0207 ted as
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			an effective time	e, at 12:01 a.n	n. on the earli	ier o
e record specifies a		/ \				
The 90th day afte		' }				
The 90th day afte		2016				
		2016				
The 90th day afte	ry 18th		zed representative of a	member		

Page 3 of 3

Filing Fee: \$25.00