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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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R. WHITE.

## **COVER LETTER**

	egistration Se ivision of Cor			•
		NANCIAL SERVICES LLC		
SUBJECT	i:	Name of Limi	ted Liability Company	
The enclos	sed Articles of	Amendment and fec(s) are sub	nitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		LINTON BLAKE		
		BLAKE FINANCIAL SER	Name of Person	
			Firm/Company	
		151 SAVANNAH PARK I	LOOP	
		CASSELBERRY, FL 3270	Address 07	
		blake_30484@msn.com	City/State and Zip Code	<del></del>
		E-mail address: (t	o be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please ca	ıll:	
LINTON	BLAKE		407 963-1118 at ( )	
_	Name o	f Person		Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$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:

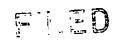
TO:

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 FIED OF



2019 HAR 22 PH 6: 00

L.G.B. FINANCIAL SERVICES LLC		1.5
(Name of the Limited Li (A Flo	ability Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabili Florida document number L15000158917		. 2015 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
BLAKE FINANCIAL SERVICES LLC		
The 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:		<u></u>
(Principal office address MUST BE A STREET AL	ODRESS)	
		<del></del>
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office:  Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete performance of my duties d agent as provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

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 $AMBR = M$	Janager Authorized Member		
<u>Títle</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and content. If the date inserted in this block does not me document's effective date on the Department of Sta	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 set the applicable statutory filing requirements, this date will not be lis
ne record specifies a delayed effective da The 90th day after the record is filed.	te, but not an effective time, at 12:01 a.m. on the earl
Dated 03-19	2019.
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Page 3 of 3

Filing Fee: \$25.00