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COVER LETTER

Division of Co	rporations	•				
Varet Law.	LLC					
SUBJECT.	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	David Varet					
مغر	Name of Person					
Firm/Company						
1870 Laurel Road						
		Address				
	Winter Park, FL 32789					
		City/State and Zip Code				
	dvaret@gmail.com	•				
	E-mail address: (to be used for future annual report notific	cation)			
For further information of	concerning this matter, please c	•				
David Varet		407 488-6006				
Name o	of Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for t	he 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

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

TO ARTICLES OF ORGANIZATION OF

Varet Law, LLC

(Name of the Limited Liability Con (A Florida Limite	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
Law Blanket LLC	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	30. 8
(Principal office address MUST BE A STREET ADDRESS)	
	CILL CITY CONTROL OF C
	(2) (2)
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 have of New Registered Agent: New Registered Office Address:	d office address on our records, enter the name of the here:
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Change
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(If an e	etive date, if other than the offective date is listed, the date	the date of filin must be specific and	g:d cannot be prior to o	late of filing or more than	(option 90 days after f	nal) iling.) Pursuant t	o 605.0207 (3)(b)
Note	If the date inserted in this ment's effective date on the	s block does not r	meet the applicable	e statutory filing requir	rements, this	date will not be	e listed as the
uocu	ment's effective date on the	e Department of s	state s records.				
If the re	ecord specifies a delay	ved effective (date but not a	n effective time	at 12•∩1 a	m on the e	arlier of:
	e 90th day after the r			in enective time, t	JC 12.01 G.	m. on the c	arrier or.
	January 29		2016				
Dated	1		,	•			
	TWI					2016 Sec	
		Signature of a	member or authorize	ed representative of a me	mber	EN A	_ ** ;
	David Varet					B-1	grantery E
			Typed or printed n	ame of signee		71, 13	
							• •
			Page 3	of 3		4: 13	

Filing Fee: \$25.00