

216000050211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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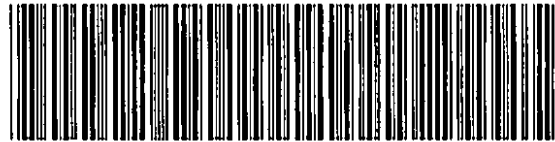
(Business Entity Name)

(Document Number)

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FALLAHASSEE, FLORIDA

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2017 NOV 27 PM 2:46
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

K. SALY
NOV 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLADE INVESTMENTS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA B. BELTRAN
Name of Person
BLADE INVESTMENTS, LLC
Firm/Company
14850 SW 26 STEET , SUITE #103
Address
MIAMI, FL 33185
City/State and Zip Code
Bladeinvest@consultant.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA B. BELTRAN 786 200-2859
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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:
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**

BLADE INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/10/2016 and assigned
Florida document number L16000050211

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUIS E. USUGA	16419 SAPPHIRE DR.	<input type="checkbox"/> Add
		WESTON , FL 33331	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MNG	ANA C. QUINTERO	16419 SAPPHIRE DR.	<input type="checkbox"/> Add
		WESTON , FL 33331	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MNG	RAMON LOPEZ	300 69 STREET, APT. 4	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MNG	MARIA B. BELTRAN	14850 SW 26 STREET ,SUITE 107	<input type="checkbox"/> Add
		MIAMI, FL 33185	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 11/22/17

Signature of a member or authorized representative of a member

MARIA B BELTRAN

Typed or printed name of signee