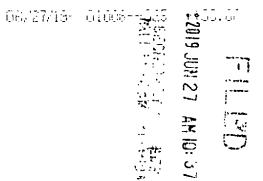
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COVER LETTER

TO:	Registration : Division of Co			
SUBJI	BL	AGANA LLC		
3000	.c		nited Liability Company	<u> </u>
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	condence concerning this matter	to the following:	
		<u>Gustavo</u>	P. BLANCO	
		_	Name of Person	
			Firm/Company	
		961 HEHOR	al Park Rd Address	
			Address	
		Jacksonville	Fl 32221	
			City/State and Zip Code	
		mblanco 19	178@ yahoo.con	n
		E-mail address (to be used for future annual report notif	ication)
For furt	her information	concerning this matter, please co	all:	
Gi	LSTAVO	R. BLANCO	at (201) 210 - 14 Area Code Daytime	53 7
	Name	of Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for t	he following amount:		
□ \$2 5	.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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations ater Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLAGANA	LLC			
Name of the Limit	ed Liability Compan (A Florids Limited Li	y as it now appears on or ability Company)	ir records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Li Florida document number 1400012		were filed on $06/2$	28/201	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designati	on "LLC" or the	abbreviation L.L.C."
Enter new principal offices address, if applic			問言而	
(Principal office address MUST BE A STREE			2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			30000000000000000000000000000000000000
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered office address here:	ce address on our i	records, <u>ente</u>	er the name of the new
Name of New Registered Agent: New Registered Office Address:	ARLE 961 Mer	10 Pack 10 Pack Enter Florida stree 10 NVI 11 E	NCO Rd	
	Jacks	cin Cin	Florida _	32221 Zip Code
New Registered Agent's Signature, if changing R	egistered Agent;			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete pe tered agent as pro gistered office ad	rformance of my dui	ties, and I am -605, F.S. O	n familiar with and r, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Title. <u>Address</u> Type of Action Name GUSTAVO R. BLANCO 961 HELIONIA PARK Rd Jacksonville Fl 32221 Remove _C Change 961 Henorial Park Rd Tacksonville Fl 32221 MGR ARLEY BLANCO Add □ Remove ☐ Change ☐ Remove ☐ Change ☐ Remove ☐ Change ☐ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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ective date is listed, th	than the date of fi e date must be specific	and cannot be prior to	tate of filing or more t	(options han 90 days after fili	ing.) Pursuent to 605.0207
If the date inserted	in this block does no on the Department of	ot meet the applicabl	e statutory filing rec	prirements, this da	ate will not be listed as
	•				
ord specifies a	delayed effective	e date, but not a	n effective time	, at 12:01 a.n	n. on the earlier of
90th day after t	the record is file	d.	\wedge		
June	20	2019			
		, <u>, _, _, _</u>			
					
	Signature of	a member or authority	of representative of a	member	
	GUST	. 1 20	\sim \sim \sim	HNCO	

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Filing Fee: \$25.00