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SECRETARY OF STATE TAIL AHASSEE, FLORIDA

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## **COVER LETTER**

Div	ision of Cor	porations	_ 14			
SUBJECT:	Blondet and	d Associates, LLC				
_		Name of Lim	ited Liability Company			
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Ricardo Blondet				
			Name of Person	<del></del>		
		Blondet and Associates, L.	LC			
		-	Firm/Company			
3460 W. 84 Street, Suite			05			
			Address	<del></del>		
		Hialeah, FL 33018				
		City/State and Zip Code Blondetnetwork@gmail.com				
		E-mail address: (	to be used for future annual report notifi	ication)		
For further in	nformation c	oncerning this matter, please ca	all:			
Ricardo Blo	ndet		305 905-7549			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 E	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

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 OF

Blondet and Associates, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) SECRETARY DE STATE The Articles of Organization for this Limited Liability Company were filed on Florida document number \_\_\_\_\_L16000159224 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Blondet Builder & Associates, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 3460 W. 84 Street, Suite 105 Enter new principal offices address, if applicable: Hialeah, FL 33018 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 3460 W. 84 Street, Suite 105 (Mailing address MAY BE A POST OFFICE BOX) Hialeah, FL 33018 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

	City	, Florida Zip Code
	Enter Florida street	
New Registered Office Address:	N/A	
Name of New Registered Agent:	N/A	<u> </u>

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 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.

NA
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—I or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of
AMBR	Linet Blondet	18211 SW 33 Street Miramar, FL 33029	
			■ Remo
			Chanş
AMBR	Robert Blondet	3460 W. 84 Street, #105 Hialeah, FL 33018	Add
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		<u>.                                    </u>	Change
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	February 15, 2019
ffecti	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
locum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli
ine	90th day after the record is filed.
	19 February 2019
ated <sub>-</sub>	2017
	D. DBD +
	Signature of a member or authorized representative of a member
	organicae or a memor or additional representative of a memor
	Ricardo Blondet
	Typed or printed name of signee

1). If amending any other information, enter change(s) here. (Anach additional sneets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00