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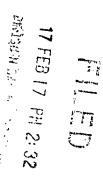
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COVER LETTER

Division of Con	rporations		•
Blondy's L	rc		
SUBJECT:	Name of Limited Liabi	lity Company	
The enclosed Articles of	`Amendment and fee(s) are submitted for	r filing.	
Please return all correspondent	ondence concerning this matter to the fo	llowing:	
	Cheryl Davis		
	Ni	ame of Person	
	Blondy's LLC		
	Fi	rm/Company	
	154 SE Strada Tione		
		Address	
	Port St. Lucie, FL 34952		
	City/S	tate and Zip Code	
	stevedavis@icloud.com		
	E-mail address: (to be used	for future annual report notifi	ication)
For further information	concerning this matter, please call:		
Cheryl Davis	4	606 232-1072	
Name	of Person		Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	Certificate of Status C	5.00 Filing Fee & Certified Copy additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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fTO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blondy's LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on September 30, 2016	and assigned
Florida document number L16000183162		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	
		150
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		?;
B. If amending the registered agent and/or registere		the name of the nev
registered agent and/or the new registered office address	s 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>	Address	Type of Action
Mgr	Steve Davis		
		154 SE Strada Tione Port St. Lucie	■ Remove
			☐ Change
Mgr	Cheryl Davis		
			Remove
		154 SE Strada Tione Port St. Lucie	E Change
-			□ Add
			Remove
			Change
			Add T
			Remove
			Cange
			□ Add
			□ Remove
			Change
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			Change

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Typed or printed name of signee

Filing Fee: \$25.00