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ALLAHASSEE, THE PRIDAGE AM 9:

S. WARREN MAY 3 1 2017



COVER LETTER

Division of Co	rporations		
Blume Rea	alty, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Melissa P. Lanza, Esq.		
		Name of Person	
	Melissa P. Lanza, P.A.		
	, 999-109-109	Firm/Company	
	104 Crandon Blvd., Suite	420	
		Address	· · · · · · · · · · · · · · · · · · ·
	Key Biscayne, Fl 3349		
		City/State and Zip Code	•
	llanzalaw@aol.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Melissa P. Lanza, Esq.		305 361-0997 at ()	
Name o	f Person	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)

TÓ:

Registration Section

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

Blume Realty, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 117000057742	were filed on March 13, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	4	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		ter the name of the n
	, Florida	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
The state of the s		agree to comply with t

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	Axel Blume	104 Crandon Blvd., Suite 323	
		Key Biscayne, Fl 33149	■ Remove
			□ Change
MGR	R Allison Leigh Cox	104 Crandon Blvd., Suite 323	
		Key Biscayne, Fl 33149	□ Remove
			☐ Change
			□ Add
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			Remove Remove 1 AHA SSB
			30 Add STATE
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	May 24, 2017		
fective date, if other than the data an effective date is listed, the date must be	e specific and cannot be prior to date of file	(op ing or more than 90 days af	ter filing.) Pursuant to 605,020
ote: If the date inserted in this bloc ocument's effective date on the Dep.	k does not meet the applicable statuto	ry filing requirements, t	his date will not be listed a
·			
record specifies a delayed	effective date, but not an effec	ctive time, at 12:01	. a.m. on the earlier o
The 90th day after the recor	d is filed.		
May 24	2017		₹0 → .
nted			
	750		
Si	gnature of a member or authorized repres	entative of a member	TASSET OF THE TASSET

Page 3 of 3

Filing Fee: \$25.00