

L17000068403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

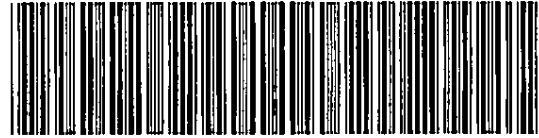
(Business Entity Name)

(Document Number)

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22 JAN 27 PM 3:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FL

January 13, 2022

DAVID BLIZZARD
5337 N SOCRUM LOOP ROAD UNIT 401
LAKELAND, FL 33809

SUBJECT: BLIZZARD ENTERPRISES LLC
Ref. Number: L17000068403

We have received your document for BLIZZARD ENTERPRISES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Done
The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 122A00001036

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLIZZARD ENTERPRISES 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:

DAVID BLIZZARD

Name of Person

BLIZZARD ENTERPRISES LLC

Firm/Company

5337 N. SOCRUM LOOP ROAD UNIT 401

Address

LAKELAND, FL 33809

City/State and Zip Code

blizzardinvestments28@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BLIZZARD

Name of Person

at (863) 513-2549

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

22 JAN 27 PM 3:08

BLIZZARD ENTERPRISES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/27/2017 and assigned Florida document number L17000068403.

This amendment is submitted to amend the following:

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

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:

5337 N. SOCRUM LOOP ROAD UNIT 401

(Principal office address MUST BE A STREET ADDRESS)

LAKELAND, FL 33809

Enter new mailing address, if applicable:

5337 N. SOCRUM LOOP ROAD UNIT 401

(Mailing address MAY BE A POST OFFICE BOX)

LAKELAND, FL 33809

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

City, Florida 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>
<u>MGR</u>	<u>MOLLY BLIZZARD</u>	<u>390 WINDERMERE DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKELAND, FL 33809</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>SEBASTIAN BLIZZARD</u>	<u>390 WINDERMERE DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKELAND, FL 33809</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>OWEN BLIZZARD</u>	<u>390 WINDERMERE DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKELAND, FL 33809</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>LILLY BLIZZARD</u>	<u>390 WINDERMERE DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKELAND, FL 33809</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Sam Blitzer
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00