1170000 75417

(Danis - Andrews)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700327056117

04/05/19--B1014--D02 **30.00

TALL TRANSCE THAT

APPROVED AND FILED

1.000 M

COVER LETTER

TO:	Registration Sec Division of Corp					
a		BLINDDATE USA L	LC			
SUBJE	:C1:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
rieasc	retuin an correspon	-	PER A VON WOWERN			
			Name of Person			
			Firm/Company		20	
		1244 PAR VIEW DR			2019 APR	
	Firm/Company		一覧点の	コンスに		
SUBJECT The enclos Please return PER A MEDICAL SECTION PER A MEDIC		•	PH 4: 04			
For fur	ther information co		·	t notification)	-	
PER	A VON WOWER	N	239 at ()	888-5070		
	Name of	l'Person	Area Code Da	aytime Telephone Number		
Enclose	ed is a check for th	e following amount:				
□ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ing Fee. te of Status & Copy copy is enclosed)		
		NG ADDRESS:	STREET/CO	OURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S GENERAL CONTRACTO		_ 			
(A Florida	ty Company as it now appears Limited Liability Company)	, on our records,				
The Articles of Organization for this Limited Liability C	ompany were filed on	04/04/2017	and assigned			
Florida document number	·					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limi	ited liability company he	<u>re</u> :				
BLINDDATE USA LLC						
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:			·			
(Principal office address MUST BE A STREET ADDR	RESS)		26			
			PR F			
Enter new mailing address, if applicable:			場が開設			
(Mailing address MAY BE A POST OFFICE BOX)			POS			
DD 71100101110	<u> </u>					
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, ent	er the name of the new			
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Flori	da 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	ELIECER ALMENARES GUERRA	304 STEWART LN	
		LEHIGH ACRES, FL 33936	Add
			■ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			Remove APR
			Change Change
			Add Remove
			2 6 ngc
			Zenge FILEDe FILEDe AND FILEDe Permove La Principal La Pr
			□ Bermove / Fr
	1		□ Add
			□ Remove
			□ Change

	· · ·												
	••	••	-								,_,		
					 -								
	· 		····				 -			·			
						·				<u> </u>	2019 APR		
										FP.C	APR	-TI.	APT
								•		- 154 	<u>. (</u>	LE	
·													_ <u></u>
													
						=	_ 						
		 -											
													
					····			.,,.				·	
			-									•	
reffectiv <u>te:</u> If tl	date, if other date is listented to date insert selfective of	d, the date rted in thi	must be spe s block do	eific and es not m	cannot b	e prior to applicabl	date of fil	ng or more			filing.) P		
record he 90	specifies th day aff	a dela ter the r	yed effe ecord is	ctive d filed.	ate, b	ut not a	ın effec	tive tim	e, at 1	.2:01 a	.m. or	the ea	arlier c
ed	mar	ch	tal		20	019	. 0						
				//			L	\mathcal{N}	_				
		-	Signat	ure of a n	nember o	r authoriz	ed repres	entative of	membe	r			-

Page 3 of 3

Filing Fee: \$25.00