

L17000133125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2017 OCT 16 PM 4:22
SALT LAKE COUNTY, UT

n SCOTT
OCT 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2017

CORY BLANK
315 NE 3RD AVE CONDO
1505
FORT LAUDERDALE, FL 33301

SUBJECT: BLANK GROUP, LLC
Ref. Number: L17000133125

We have received your document for BLANK GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL 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) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 117A00019814

2017 OCT 16 PM 12:26

FALL LAUDERDALE

2017 OCT 16 PM 12:22

10/16/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLANK GROUP, 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:

CORY BLANK
Name of Person
BLANK GROUP LLC
Firm/Company
315 NE 3rd AVE condo 1505
Address
FORT LAUDERDALE FL 33301
City/State and Zip Code
CORY.BLANK09@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DON BLANK at (954) 340 4418
Name of Person *agent* 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

201 OCT 14 PM 4:29
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 8/1/17 and assigned
Florida document number L17000133125

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

DON BLANK

New Registered Office Address:

5551 NW 51 AVE

Enter Florida street address

Coconut Creek

City

Florida

FL

33023

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>
	Rubin Jacob	23344 Carolwood Ln	<input type="checkbox"/> Add
		Building #5	<input checked="" type="checkbox"/> Remove
		Boca Raton FL	<input type="checkbox"/> Change
		33428	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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9/1/17

President

CORY BLANK
Typed or printed name of signatory

Filing Fee: \$25.00