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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	BLIMX LL		·	
30001	<u></u>		ited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		RICARDO FERNANDEZ		
			Name of Person	
		DEDICATED CPA GROU	JP, LLC	
			Firm/Company	
		12301 NE 6TH AVE		
			Address	
		NORTH MIAMI, FL 3316	I	
			City/State and Zip Code	
		RICARDO@DEDICATED		
		E-mail address: ()	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ea	ıll:	
RICAI	RDO FERNANDE	Z	786 773-6862	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2.	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLIMX, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparation for the Liability Comparation document number 1.17000145160	ny were filed on <u>07/06/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or th	e 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 registered agent and/or the new registered office address h		ter the name of the n
Name of New Registered Agent:		17.3
New Registered Office Address:		
	Enter Florida street address , Florida	
	, Fiorida , Fiorida	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	te performance of my duties, and I as sprovided for in Chapter 605, F.S.	m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HORNA, FRANCISCO F	1145 NORMANDY DRIVE,	
		APT 304	
		MIAMI, FL 33141	D. (1)
AMBR	HORNA, JORGE F	1145 NORMANDY DRIVE,	
		APT 304	
			Remove
		MIAMI, FL 33141	Change
			Add
			Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			□ Change

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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date of filing or m. If the date inserted in this block does not meet the applicable statutory filing	
ment's effective date on the Department of State's records.	g requirements was date with not be time
ecord specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	,
JULY 7TH . 2017	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00