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Office Use Only



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COVER LETTER

TO: Registration Se		→ →	160 €		
🗽 🗰 Division of Cor	porations		₩		
	Т	BLE, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Jaymee Bearden			
		Name of Person			
		Gray Robinson, P.A.			
		Firm/Company			
		Address		2819 JAN 11 Ali (B.C.)	
	301 S. Bronough	Street, Suite 600, Tall)1 : >	
		City/State and Zip Code			
	jaymee	bearden@gray-robins to be used for future annual	on.com		
	r-man address. (to be used for future annual	report normeation)		
For further information c	oncerning this matter, please c	all:			
Ja	ymee Bearden	at (<u>850</u>)	577-6961		
Name o	f Person	Area Code	Daytime Telepho	ne Number	
Enclosed is a check for the	he following amount:				
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee	& 🗆	\$60.00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)		Certificate of Status & Certified Copy	
		(auditional copy is en	cumeu,	(additional copy is enclosed)	
MAIL	ING ADDRESS:	STREE	T/COURIER ADI	DRESS:	

Registration Section Division of Corporations P.O. Box 6327 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

	BLE, LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Compa	pany were filed on 12/14/2017 and assigne	:d
Torida document numberL17000255656		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
	NA	
he new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."	.,
Enter new principal offices address, if applicable:	407 E. Central Blvd.	
Principal office address MUST BE A STREET ADDRESS		
		1
		میں. حص
Enter new mailing address, if applicable:	918 E. Central Blvd.	-1
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32801	-1
	三. · · · · · · · · · · · · · · · · · · ·	
 If amending the registered agent and/or registered registered agent and/or the new registered office address leaders. 		<u>ihe</u>
Name of New Registered Agent:	NA	
Name of New Registered Agent: New Registered Office Address:	NA Enter Florida street address	

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.

NA
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>	Name	Address	Type of Action
Mgr	Terry Chan	918 E. Central Blvd., Orlando, FL 32801	⊠ Add
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			□ Change
			Remove
			Change
			Add
		(2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Remove
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(If an effective Note: I	ctive date is listed, the d If the date inserted in	an the date of filing late must be specific and this block does not m the Department of St	cannot be prior to date of fil- ect the applicable statuto	ing or more than 90 days :	ptional) ifter filing.) Pursuant to 60 this date will not be lis	5.0207 (. ted as tl
	ord specifies a de 90th day after th		ate, but not an effec	ctive time, at 12:0	1 a.m. on the earl	ier of:
Dated _	1/10/2019		<u></u>			
			/ L			
		Signature of a m	newber of authorized repres	entative of a member		

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Filing Fee: \$25.00