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ZOIB AUG 28 PM 1: 34 SECHETARY OF STATE

COVER LETTER

Divi	sion of Corp	orations			
SUBJECT:	Nahakama A	viation LLC			
CODULCT.		Name of Limit	ted Liability Company	<u>u t</u>	
67 I I		1 18 ()			
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		Phillip Chesson			
			Name of Person	•	_
		Nahakama LLC			
			Firm/Company		_
		1471 Noell Blvd			
			Address		
		Palm Harbor, FL 34683			
			City/State and Zip Code		
		pchesson@nahakama.com			_
		E-mail address: (t	o be used for future annual re	eport notification)	
For further in	iformation co	ncerning this matter, please ca	H:		
Phillip Ches.	son			-3999	
Name of Person at () Name of Person Area Code Daytime Telephone Num			her		
Enclosed is a	check for the	e following amount:			
■ \$25.00 F		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif osed) Certif	

TO: Registration Section

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

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

FILED

Nahakama Aviation LLC

company has been notified in writing of this change.

2018 AUG 28 PM 1: 34

SECRETARY OF STATE

(A Florida Limited Liability Compa	TALLAHASSEE. FL
The Articles of Organization for this Limited Liability Company were filed on	4/11/2018 and assigned
Florida document number L18000091280	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y_here</u> :
Blasquipx LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," (he 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 registered agent and/or the new registered office address here:	on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New 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

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>	Type of Action
			□ Add
			☐ Remove
			□ Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			□ Change
			Add
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			□ Change
			Add
			Remove
			□ Change

				
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ective date, if other than the date from the date is listed, the date must be the date inserted in this block the date inserted in the Department's effective date on the Department.	he specific and cannot be prior ck does not meet the applic	able statutory filing re		
record specifies a delayed he 90th day after the reco		t an effective tim	ie, at 12:01 a.m. on t	he earlier c
ed August 21	2018	<u> </u>		
M1/		1 :/ /	$\sim \Lambda I$	
MA CH	Signature of a member or auth	orized representative of	- Kiparalobali	

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Filing Fee: \$25.00