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COVER LETTER

	istration Se ision of Cor			
(1115 II) (121	маи&сн			
SUBJECT:		Name of Lin	ited Liability Company	
The unclosed	L Articles of	Amendment and fee(s) are sub	unitted for filing	
			-	
Please return	all correspo	ndence concerning this matter	to the following:	
		MIGUEL A FERRAN		
			Name of Person	
		MAU&CHLOE.LLC		
			Firm/Company	
		2202 LANDSIDE DR.		
			Address	
		VALRICO, FL 33594		
			City/State and Zip Code	
		MAUCHLOE.LLC@GMA		
			to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please c	all:	
MIGUEL A	FERRAN		813 330-8089	
	Name o	l'Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	ling Addres		Street Address:	Section
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.C). Box 632	7	The Centre of	Tallahassee
Tal	lahassee, F	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAU&CHLOELLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
lorida document number 1.18000142868		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
BLEW AIR LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		24
Principal office address MUST BE A STREET ADDRESS)		E S
		28 三
		a a U
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter tl</u>	he name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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
			□Add
			□Remove
			□Change
			□Add
			i⊐Remove
			[]Change
			□ Add
		· 	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		-	□Add
			□Remove
			□Change

	
Note:	tive date, if other than the date of filing:
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	AUGUST 14th 2024
	Signature of a member or authorized representative of a member
	augulature of semisorior or authorized representative of a member