Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000275965 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 ; (727)442-1200 Phone

: (727)443-5829 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

r:1	Address:			
EM411	Aduress:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DON'T BLINK INVESTMENTS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY SEP 24 2018

Electronic Filing Menu

Corporate Filing Menu

Help

H180002759653

COVER LETTER

	Registra Division		orations				
	Dor Or.						
SUBJEC	.1: <u></u>	Name of Limited Liability Company					
The enal	oned Aus	. المراجعة الما	Amondment and fee(s) are subr	nitted for filing			
i-lease re	eturn an c	correspo	ndence concerning this matter t	o the following.			
			Kenneth J. Crotty				
				Name of Person			
	Gassman, Crotty & Denicolo, P.A.						
				Firm/Company	_		
			1245 Court Street				
				Address			
			Clearwater, FL 33756				
		City/State and Zip Code					
			rbcurrie@verizon.net .	to be used for future annual rep	ort notification)		
Vor Grett	her infat	mation e	oncerning this matter, please or		·		
			onec	727 4 42-1	200		
Carla Guidry Name of Person		at ()	Daytime Telephone Number				
		Nume o	i rerson	Agen code			
Enclose	d is a che	eck for th	ne following amount:				
目 \$ 25	.CO Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certificate of Status & Certified Copy (additional copy is enclosed)		
		Regist	ING ADDRESS:	Registration	COURIER ADDRESS: Section Corporations		
		P.O. B	on of Corporations ox 6327	Clifton Bui			
		Tallah	assec, FL 32314	Tallahassee			

ARTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION OF

418000 275 9653

DON'T BLINK INVESTMENTS, L.L.C. (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000219497</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liubil	hity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	130 N. Tamiomi Troil
(Principal office address MUST BE A STREET ADDRESS)	Nokomis, FL 34275
Enter new mailing address, if applicable:	130 N. Tamiami Trail
(Mailing address MAY BE A POST OFFICE BOX)	Nokomis, FL 34275
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enter the name of the new
New Registered Office Address.	Enter Florida street oddress
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	Decision Decisioned Agent Signature of New Revistered Agent

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Remaye
			S S T
			2 T
			□ Rémoive
			Remove Remove Change Change
			□ Remove
			☐ Change
			□ Remove
			Change
		-	
			Remove
		·	☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	1-1180002759653
	
	
	
	18 SEP
	SEP 21 MILLION
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	Pursuant to 605.0207 (3)(b) will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o (b) The 90th day after the record is filed.	on the earlier of:
Dated September 2/ 2018	
hu C	
Signature of a member or authorized representative of a member	
Kenneth J. Crotty, Authorized Representative Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00