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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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COVER LETTER

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SUBJE(BLONDIE L	at () Name of Person Area Code Daytime Telephone Number eck for the following amount: g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fe Certificate of Status Certified Copy Certificate of S (additional copy is enclosed) Certified Copy					
SOBJE	CI		Name of Limi	ted Liability Company				
The enc	losed /	Articles of A	mendment and fee(s) are subr	mitted for filing.				
Please r	eturn a	ll correspond	lence concerning this matter t	to the following:				
			WALTER L. MORGAN					
				Name of Person				
		MORGAN, OLSEN & OLSEN, LLP						
				Address	<u> </u>			
			FORT LAUDERDALE, FI	ORIDA 33301				
			MARCAFASHION@GMA					
			_		report notification)			
For furt	her info	ormation cor	icerning this matter, please ca	ill:				
WALT	ER L.	MORGAN						
		Name of I	² erson	Area Code	Daytime Teleph	one Number		
Enclose	d is a c	heck for the	following amount:					
\$25	.00 Fil	ing Fee		Certified Copy		1 \$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

Blondle Luxury Limo	Service, LLC	
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on JUN	E 19, 2019 and assigned
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company here	:
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		nation "L.C." or the abbreviation "L.L.C." r records, enter the name of the new
(Mailing address MAY BE A POST OFFICE	BOX)	
-		7.0
D • • • • • • • • • • • • • • • • • • •		
B. If amending the registered agent and registered agent and/or the new registered of	I/or registered office address on o office address bere:	our records, enter the name of the new
		三 三 三
Name of New Registered Agent:	Leia M. Machado	<u> </u>
New Registered Office Address:		:` ***
	Enter Florida	sireei address
		, Florida
	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.

Signature of New Registered Agent

Page 1 of 3

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
MGRM	Leia M. Machado	22741 Royal Crown Terrace East, Boca Raton, Florida 33433	
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