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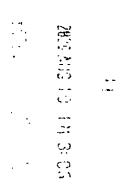
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COVER LETTER

ro:

Registration Section Division of Corporations

Blair Reali SUBJECT:			
object.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Valerie Blair		
		Name of Person	
	Blair Realty, LLC		
		Firm/Company	
	355 Tintamarre Drive		
		Address	·····································
	St. Augustine, FL 32092		ت. ت
		City/State and Zip Code	
	Valerie.blair1@gmail.com		بې س
	E-mail address: (to be used for future annual report not	ification)
for further information	concerning this matter, please c	all:	
Valerie Blair		904 237-6841 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing 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)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L19000218750	on August 27, 2019 and assigned
·lorida document number divisional divisiona	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
Blair Capital Investments, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	v.
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on gent and/or the new registered office address here:	our records, <u>enter the name of the new regi</u> s
gent una/or the new registered office undress here.	
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er Florida street address
	Florida
Civ	7in Code

New Registered Agent's Signature, if changing Registered Agent:

Blair Realty, LLC

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>	Name	Address	Type of Action
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			□Remove
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			□Remove
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			□Remove
			□Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of fili	ing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statuto ument's effective date on the Department of State's records.	ry fifing requirements, this date will not be listed
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