## 419000259835

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ





600364355136

04/21/21--01009--003 \*\*25.00



LA BI

## **COVER LETTER**

Registration Section

TO:

Division of Cor	rporations				
E Griffin L	LC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Anoushka Blaise				
		Name of Person		26	
			2450 2250 2250	121 A	~~
		Firm/Company		PR 2	
	310 Blue Lake Circle		第2 第4 <b></b>	2021 APR 21 PM 1: 22	
		Address	ن بن ســــــــــــــــــــــــــــــــــــ	. 3x	C
	Kissimmee, Florida 347	58		: 22	
		City/State and Zip Code			
	Anoushka.Blaise@gmail		Carrie N		
For further information c	n-mail address: (	to be used for future annual report notif	ication)		
Anoushka Blaise	B p p	321 988-5414			
Name of Person		at ()	e Telephone Number	_	
Enclosed is a check for the	ne following amount:				
ភ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	
Mailing Addres Registration 5	<del></del>	Street Address: Registration Sec	rtion		
Division of C		Division of Cor			
P.O. Box 632	7	The Centre of T			
Tallahassee, l	FL 32314	2415 N. Monroe	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears of ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparing the Lindson of Comparing L19000259835	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
Blazing Logistics LLC		202 202
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	
Enter new principal offices address, if applicable:	4107 South Oran	ge Blossom Trail
Principal office address MUST BE A STREET ADDRESS	Orlando, FL 3283	<del></del>
Enter new mailing address, if applicable:	310 Blue Lake Ci	rcle Kissimmee, FL 34758
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  4107 South	ice address on our reco	
the registered office readings.	Enter Florida	street address
Orlando		. Florida 32839
	City	Zip Code

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

E Griffin 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	□Add
		<del></del>	Remove
			□Change
		SE TALL	Z0Z) APR
		أسأر	APPR Change
		THE PARTY OF THE P	
			🗆 Remove
			Change
			□Add
			□Remove
		<u> </u>	□Change
<del></del>			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change

		-					
				<u>.                                    </u>			
						<del>-</del>	
<del></del>			· · · · · · · · · · · ·	<del></del>			
			<u>-</u> .				
	<del></del>			<del></del>		- 12	
		<u> </u>			<u> </u>	2021 A	المشقدة
						APR 2	المحدي حمد ا
	-				A \$50		77
				- · · · · -	<u></u> S	<u> </u>	Ö
		<del></del>		<u>.</u>	<del>- 골록</del>	-63	
	<del></del>		_ <del>_</del> _			~	
				<del></del>			
	<u></u> _						_
ective date, if other than the effective date is listed, the date mee: If the date inserted in this lument's effective date on the	ust be specific and block does not n	l cannot be prior neet the applica	able statutory fil		after filing.) P		
cord specifies a delayed effect s filed.	ive date, but not	an effective ti	me, at 12:01 a.n	n. on the earlier o	f: (b) The S	90th day	after th
ed April 15		2021					
/ A . AA	Y/	X					
- / (1 Ceff)	Signature of a r	nember or autho	rived representati	ve of a member			_