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COVER LETTER

Division of Corporations	
MBLAZENO, LLC	
SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MONIKA BLAZENOVIC	
Name of Person	
MBLAZENO, LLC	
Firm/Company	
3317 N RIDGE AVE	
Address	<u>_</u>
TAMPA, FL 33603	
City/State and Zip Code	····
MONIKABLAZENOVIC@GMAIL.COM	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
MONIKA BLAZENOVIC 813 4849401	
	ephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section	1
Division of Corporations Division of Corpora	ntions
P.O. Box 6327 The Centre of Tallal Tallahassee, FL 32314 2415 N. Monroe Str	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MBLAZENO, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	oany were filed on 01/06/2020	and assigned
Florida document number L20000011835		
This amendment is submitted to amend the following:		
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 l	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>	
		mare B
		TEB T
Enter new mailing address, if applicable:		10 to 10
Mailing address MAY BE A POST OFFICE BOX)		7 7 7
		بپ
		5
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	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
AMBR	MONIKA BLAZENOVIC	3317 N RIDGE AVE, TAMPA, FL 33603	■Add
			□ Remove
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