

L20 0000023874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

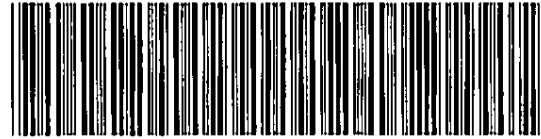
(Business Entity Name)

(Document Number)

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2020 OCT -2 PM 4:28  
DEPARTMENT OF REVENUE  
CLERK OF COURTS  
HARRISBURG, PA

NOV 09 2020

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLASCAR, LLC.  
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:

MONICA A. SALIBI

Name of Person

BLASCAR, LLC.

Firm/Company

1541 PRESIDIO DR.

Address

WESTON, FL. 33327

City/State and Zip Code

BERILO.BAKERY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRNA ABREU

786

346-6560

at ( )

Name of Person

Area Code

Daytime 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BLASCAR, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/16/2020 and assigned  
Florida document number L20000023874.

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 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)

1541 PRESIDIO DR.

WESTON, FL. 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1541 PRESIDIO DR.

WESTON, FL. 33327

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MONICA A. SALIBI

New Registered Office Address:

1541 PRESIDIO DR.

*Enter Florida street address*

WESTON

*City*

Florida

33327

*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.*

Monica A. Salibi

**If Changing Registered Agent, Signature of New Registered Agent**

2020 OCT - 2 PM 4:28  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DALLAS  
STATE OF TEXAS

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Monica A Salibi  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**