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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLAZZ SHOPS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLAZZ SHOPS, LLC				
( <u>Name of the Limit</u>	d Liability Company as it no A Florida Linuted Liabitity Co	w appears on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on 01/27/2020  Florida document number L20000033150			and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability com	pany here:		
The new name must be distinguishable and end with the s	vords "Limited Liability Comp	any," the designation "LLC" or the abbi	eviation "L, L, C "	
Enter new principal offices address, if applica	ıble:	; <del>-</del>	2022	
(Principal office address MUST BE A STREET	<del>-</del>		· <u>j</u> r	
			- <del>-</del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>	
Graning damest SIAV DE AT (S3) (ITTICE)	<u></u>	·····	55	
B. If amending the registered agent and/ registered agent and/or the new registered of		lress on our records, enter the	e name of the new	
Name of New Registered Agent:	LEAH MAMAN	And the second s	<u></u>	
New Registered Office Address:	3210 NE 183RD S	ST.		
New Registeren Vinee Address.	Enter Florida street address			
	AVENTURA	, Florida <u>33</u> 16	50	
	City		Zip Code	
New Registered Agent's Signature, if changing E	egistered 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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing-Registereil Agent Signature of New Registered Agent

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☐ Remove

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title Name Address 1703 MISSOURI AVE N\_ Add MAMAN, ALON **AMBR** LARGO, FL 33770 Remove 7901 4TH ST N STE 300 MAMAN, LEAH MGR ST. PETERSBURG, FL 33702 \_\_\_ Remove ☐ Remove

). If amending any other information, enter change(s) bere: 14th addit	ional sheets, if necessary.)
Fifective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) t be nixre than 90 days after
Dated 05/09 2022	
Signature of a member of authorized representative LEAH MAMAN	ge of a member

2022-05-13 13:51.06 GMT

To: +18506176383

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From: Alexander Engli

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Typed or printed name of signee