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SUBJEC	.:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing			
			_			
		Thomas Moriarty				
		 	Name of Person			
		Blazing Arrow, LLC				
	Blazing Arrow, LLC Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. Im all correspondence concerning this matter to the following: Thomas Moriarty Name of Person Blazing Arrow, LLC Firm/Company 295 West Enid Drive Address Key Biscayne, FL, 33149 City/State and Zip Code thomas mori4rty@gmail.com E-mail address: (to be used for future annual report notification) rinformation concerning this matter, please call: Area Code Total Ty Name of Person S a check for the following amount: Diling Fee S 30 00 Filing Fee & S 55 00 Filing Fee & Certified Copy (additional copy is enclosed) Address: Registration Section Division of Corporations O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee					
Division of Corporations Blazing Arrow, 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: Thomas Moriarty Name of Person Blazing Arrow, LLC Firm/Company 295 West Enid Drive Address Key Biscayne, FL, 33149 City/State and Zip Code thomas mori4rty@gmail.com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Thomas Moriarty Name of Person Thomas Moriarty Name of Person Enclosed is a check for the following amount: Escape Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee						
Address			Address			
		Key Biscayne, FL, 33149				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
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		E-mail address: (to be used for future annual report not	dification)		
For furthe	er information c	oncerning this matter, please c	all:			
Thomas N	Moriarty					
	Name o	ſ Person	Area Code Daytir	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
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	Blazing Arrow, LLC Firm/Company 295 West Enid Drive Address Key Biscayne, FL, 33149 City/State and Zip Code thomas.mori4rty@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: homas Moriarty Name of Person Name of Person Area Code Daytime Telephone Number at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our raited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Com	npany were filed on		_ and assigned
Florida document number L20000062137			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Blackdog Ventures, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbre	
Enter new principal offices address, if applicable:		≱ છ <u>−</u> ლ	2ú20
Principal office address MUST BE A STREET ADDRES	SS)	AH	APF
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Enter new mailing address, if applicable		m Con	<u>=</u>
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muning duaress MAT BE AT OUT OF THE BOAY			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered of	ffice address on our records, e	E DOUT	AH
gent and/or the new registered office address here:		_	
Name of New Registered Agent:			
New Registered Office Address:			
Non Registered Office Address.	Enter Florida street d	address	, , ,
	, Florida		
	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 fitle, 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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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applicate occument's effective date on the Department of State's records.	to date of filing or more than 90 on the statutory filing requirem	(optional) days after filing.) Pursua ents, this date will no	int to 605,02 it be listed
e record specifies a delayed effective date, but no The 90th day after the record is filed.	t an effective time, at 1	12:01 a.m. on the	e earlier
March 23rd 2020			
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