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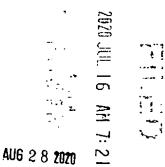
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RECEIVED



S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: Blaite & Company 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:
Brandon McCrany Name of Person Blaire + Company LLC Firm/Company
11109 NW 39th St., Apt. 303
Sunrise, FL, 3335] City/Stale and Zip Code Mc () Brandon @ gma, 1, com I:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brancon McCrary at (404) 406-3193 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Blaice + 1	DMPAN Liability Company as Florida Limited Liabil	LLC			= . ~
(<u>Name of the Limite</u> (/	l Liability Company as A Florida Limited Liabil	it now appears (ity Company)	on our records.	`	-
Articles of Organization for this Limited Lia	bility Company were		4/21/	2020 and ass	Heignedd 21
s amendment is submitted to amend the follow	ving:				
If amending name, enter the new name of t	he limited liability	company hero			
enew name must be distinguishable and contain the wor	do white and the little of	omnany "tha day	ignation "11 C" or	the abbrariation "I	I C''
_		ompany, the desi	унация таж оп	me anneviation L.	i
ter new principal offices address, if applica	ble:				
<u>rincipal office address MUST BE A STREET</u>	<u>'ADDRESS)</u>		<u> </u>		
	_				
ster new mailing address, if applicable:					
<u> Iailing address MAY BE A POST OFFICE B</u>	<u> </u>		· · · · · ·		
	_				
	nictored office addr	ecc on our rec	ords enter the	name of the nev	v regis
If amonding the registered agent and/or re-		css on our rec	ords, <u>enter un</u>	munic of the fier	1 1 2 13
	HETE.				
If amending the registered agent and/or regent and/or the new registered office address	nere.				
	<u></u>				
ent and/or the new registered office address Name of New Registered Agent:					
ent and/or the new registered office address		Enter Florid	a street address		
ent and/or the new registered office address Name of New Registered Agent:				daZip Code	

t nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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
MGR.	Brandon McCrary	11109 NW 39th St Apt 303	X Add
	·	11109 NW 39th, St Apt 303 Synr/se, FL, 33351	□Remove
			□Change
			□Add
			□Remove
		□Change	
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(If an eff	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
the record ford is fil	I 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 ed.
Dated	7/7/2020
	Signature of a member or authorized representative of a member
	520 HOUR CHOICE

Filing Fee: \$25.00