## L20000113575

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:	Blinks B	y Brilic		
	Name of Limit	ed Liability Company		
	mendment and fee(s) are subn	-		
Please return all correspon	dence concerning this matter to	o the following:		
	Bi	riana Lewis		
		Name of Person		
	- bin'	KS 60 Bil		
	4912	+ 1 <sup>ST</sup> Avenue S	buth	
		Address		
	St- Petersbur	2 F1 33707 Ohy/State and Zip Code		
		Jangue @ gmail be used for future annual report notif		
For further information co	neerning this matter, please cal	N1:		
Briana I	Person	at (797) 203 Area Code Daytime	: C1S 17	
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 Taflahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number <u>L20000135</u>	ility Company were filed on <u>Q</u>	11 37,2020 and assigned :
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	<del>_</del>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		<del></del>
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ls, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	vet 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 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	Bhana Lewis	5100 LothStreeSouth	iVAdd
		5100 LothStreeSouth St. Rithsburg 71 33705	□ Remove
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			🗀 Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
would like to amend my klephone number
727 203 9817, and admyseif as an
ALTHORIZED OVER THE CONTRACT THAT IS ALL DUCKE
authonied agent (manager) that is all please i Changed my number shortly after i registered.
1 Chariged Mily Manner Smortly after 1 registered.
E. Effective date, if other than the date of filing:
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.
Dated July 14 . 2020.
Signature of a member or authorized representative of a member
Dogwood Lanie
Typed or printed name of signee

Filing Fee: \$25.00