L20000161740

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only

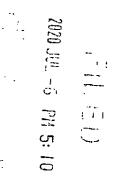


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COVER LETTER

	gistration Sect ision of Corpo			
CUDICAT.	Blake Dufaul	ı TM		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	d Articles of Ai	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	lence concerning this matter t	o the following:	
		Blake Dufault		
			Name of Person	
		Błake Dufault TM		
			Firm/Company	
		730 Savory Place Apartmer	nt 206	
			Address	
		Heathrow, FL 32746		
		-	City/State and Zip Code	
		contact@blakedufault.com		
		E-mail address: (to	o be used for future annual report not	itication)
For further in	nformation con	cerning this matter, please ca	II:	
Blake Dufau	ılt		717 739-4247	
	Name of P	erson	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 l	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blake Dufault TM, 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 June 8, 2020 _____ and assigned Florida document number L20000161740 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

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.

City

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	Amanda Sparrin-Dufault	730 Savory Place Apt 206 Heathrow, FL 32746	□Add
			□Remove
			🗏 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
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			□Remove
			Change

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Effective date, if other than the first of the date is listed, the date in Note: If the date inserted in this	DIOCK GOES HOLINGEL HI	ic applicable statut	iling or more than 90 da	_ (optional) sys after filing.) Pursuant to nts, this date will not be) 605.0207 : listed as t
document's effective date on the	Department of State's	records.			
e record specifies a delayed effect	ive date, but not an eff	ective time, at 12:	01 a.m. on the earlie	r of: (b) The 90th day	after the
rd is filed.					
ord is filed. Dated	202	:0			
'a is filed.	<u>202</u>				
rd is filed.	Signature of a member	·	sentative of a member		_