L20000 204422

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C. GOLDEN SEP 22 2020

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T. BLEY BAZAAR LLC	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company	
The end	osed Articles of Amendment and fee(s) are submitted for filling.	
Please	turn all correspondence concerning this matter to the following:	r
	JULIENNE GIMENEZ Name of Person	
	BLEW BAZAAR LUC Firm/Company	
	1056 ABELL CIRCLE	
	OVIEDO, FL 32765 City/State and Zip Code	
	JULIENNE GIMENEZ @ HOTMAIL, COM E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
<u>J</u> u	Name of Person at (407) 927-0670 Area Code Daytime Telephone Number	
_	is a check for the following amount: 00 Filing Fee	
	Mailing Address: Street Address: Registration Section Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLEN BY	AZAAR	LLC	H PH 3: 65
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now a mited Liability Comp	ippears on our reco any)	ords.)
The Articles of Organization for this Limited Liability ComFlorida document number L20000204422	npany were filed o	on July 15	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company,	" the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>S.S)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 	<u></u>	
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on o	our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:		····· , ,	
	Ente	er Florida street add	ress
		,	Florida
Your Dogistared Agent's Signature if shanging Designand A	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>	Name:	Address	Type of Action
MGR	4034HOL ANHROL	1056 ABELL CIRCLE	□Add
,		OVIEDO, FL 32765	Remove
			Change
MGR	JULIENNE GIMENEZ	1056 ABELL CIRCLE	XAdd
		OVIEDO, FL 32765	□Remove
	,		□ Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			🗆 Remove
			□Change

	ending any other information, enter change(s) here. (Anath datational sheets, if necessary.)
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(If an e <u>Note:</u>	tive date, if other than the date of filing:
If the record is t	ord 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 filed.
Dated	Signature of a member or authorized representative of a member
	<u>Xamene</u>
	Signature of a member or authorized representative of a member
	JULIENNE GMENEZ Typed or printed name of signee