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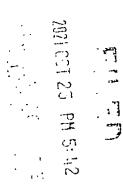
(Re	questor's Name)	
V		
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u>.</u>		

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COVER LETTER

	Division of Cor			. •		
SUBJECT	_	OLATES LLC	•	•	,	a*
SUBJECT	Г:	Name of Lin	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please reti	urn all correspo	ondence concerning this matter	to the following:			
		ALVARO LEONEL SAL	ICA			
			Name of Person			
		BL CHOCOLATES LLC				
			Firm/Company			-
		240 N PENNSYLVANIA	AVE, STE 101			
		· · · · · · · · · · · · · · · · · · ·	Address			_
		WINTER PARK, FL, 327	89			
			City/State and Zip Code			202
		LEONEL.SA@GMAIL.CO				
		E-mail address: (to be used for future annual	report notificatio	n)	2021 CST 25
For further	r information c	oncerning this matter, please c	all:			, ,
ALVARO	SALICA			35340		- PA - G
	Name o	l'Person	at () Area Code	Daytime Tele	phone Numbe	r
Enclosed i	s a check for th	ю following amount:				
■ \$25,00	0 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is ene		Certified	ate of Status &
	Tailing Addres		<u>Street Ac</u> Registra	ddress: ation Section		
	Division of C			n of Corpora		
	O. Box 632			ntre of Tallah		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BL CHOCOLATES LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/15/2020	and assigned
Florida document number L20000205213		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
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 nam	e of the new registere
agent and/or the new registered office address here:		77.0
		0077
Name of New Registered Agent:		77 27 -
New Registered Office Address:		70
	Enter Florida street address	
	Mari Ja	[- E

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>	Name	Address	Type of Action
MGR	BALIHAUT CAROLINA	240 N PENNSYLVANIA AVE. 101. FL 32789	= Add
		- -	DRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Grange ☐
		 	□Remove
			□Change
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			□Change

	
	
	
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ective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 te: If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ca is filed.	rlier of: (b) The 90th day after the
ted october 12	
	ller

Filing Fee: \$25.00