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2020 NOV -9 PM 6: 03

12/13/20



COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Bla	ded Investme	ent C Transport	ation Company Ll
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Quwan	Name of Person	
		Firm/Company	
	10763 (Geral Falls L	ane
	TAMPA	FL 33647 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
QUWAN W	1 (AMS)	at (<u>213</u>) <u>500</u> Area Code Daytime	8940 e Telephone Number
Enclosed is a check for th	ne 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 S Division of C	Section orporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632	1	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2020-NOV -9 PH 62002

Rlanded Investment	= Teans	petation	2020HOV -9 on Cauda	194 620BC
Blended Investment (Name of the Limited Liability (A Florida)	Company as it no imited Liability Co	ow appears on company)	TALL ALLA	STATE
The Articles of Organization for this Limited Liability Con	npany were file	ed on	2/2020	and assigned
Florida document number <u>L20000214616</u>		,	1	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability com	pany here:		
Blended FOCIGHT TEANS The new name must be distinguishable and contain the words "Limite	DOD +a+ d Liability Compa	nny," the designa	tion "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	<u> </u>		
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 record	ls, <u>enter the nan</u>	ie of the new registere
agent and/or the new registered office address here:				
Name of New Registered Agent:		_		
New Registered Office Address:				
New Registered Office Address.		Enter Florida st		
			Florida	Zip Code
No. D. Carrell Annual Circumsters of shanning Designation	City A gont:			zīp Code
New Registered Agent's Signature, if changing Registered			See I Comb.	
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con	ia agree to aci nplete perforn	an this capa nance of my c	city, 1 jurther ag luties, and I am _e	ree to comply with the 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
MGB	Quian Williams	10763 GREAT Falls LN	[ZAdd
		10763 GREAT Falls LN TAMPA FL 33647	□Remove
			🗆 Add
		□Remove	
			□Change
		□Add	
		□Change	
			□Add
			Remove
			TChange
		Remove	
		□Change	
		□Add	
			□Remov•
			□ Change

Note:	tive date, if other than the date of filing:
f the reco ecord is f	rd 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 iled.
Dated	11.3.2020
	11.3.2020 Signature of a member or authorized representative of a member
	WIKKI Williams Typed or printed name of signee

DIN E 0350/