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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : ZENBUSINESS INC. Account Number: I20230000190 Phone : (844)449-3624 Fax Number : (844)449-3624 stEnter the email address for this business entity to be used for future a.⊊annual report mailings. Enter only one email address please.** િંદિણાના Address:_

> SELLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLEWMAN CONSULTING LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BlewMan Consulting LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ony as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000239571	were filed on 08/07/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	oility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LL.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 of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address:	
New Augistria Office Address.	Enter Florida street address
##	, Florida
Name Dagistaned Agents, Clarestone of Abancing Dagistaned Agents	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

01/31/24 01:32PM 512597067.8

31/24 01:32PM 512597067.8 18506176383 Pg 3/4 [124000043009 3 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
AMBR	Michael William Blew		□ Add
			□ Remove
		239 Maytown Road Elizabethtown, PA 17022	■ Change
MGR	Michael William Blew		□ Add
			Remove
		239 Maytown Road Elizabethtown, PA 17022	■ Change
			Remove
			☐ Change
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			Remove
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			□ Remove
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Note: If the date	if other than the is listed, the date mus inserted in this bl stive date on the D	ock does not	meet the applic	cable statutor	ng or more than by filing require	(options Odays after fili ements, this da	ul) ng) Pursuant to 60 ite will not be lis	€.020 ted a
	cifies a delayed y after the rec			ot an effec	tive time, a	t 12:01 a.m	n, on the earl	ier c
January 1	9		2023					
	ichael W Blew			_				
		Signature of a	member or auth	orized represe	ntative of a mer	iber		
		~						

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