## L20 000337136

(Requestor's Name)
(Address)
(Address)
,
(City (Charles City (Change 4))
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Becument Humber)
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## **COVER LETTER**

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CUBIECT.	Blazing D		•			
SUBJECT:			ited Liability Company	<del>.</del>		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Johnnie Bell				
Name of Person						
		Firm/Company				
		619 W 9th St				
		Address				
		Lakeland, Fl 33805				
		City/State and Zip Code				
		jonnieblaze863@gmail.com	m to be used for future annual report notifi	cation)		
For further in	formation co	oncerning this matter, please of		cation		
Johnnie Bell	l		863 440-1740			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	10/23/2020 and assigned	
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>/ here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	<u>~</u>	
Principal office address MUST BE A STRE	ET ADDRESS)	020 DEC -	
Enter new mailing address, if applicable:		19 t E	
Mailing address MAY BE A POST OFFICE	E BOX)		
		61	
B. If amending the registered agent and/or tgent and/or the new registered office address.  Name of New Registered Agent:		r records, enter the name of the new regis	
	619 W 9th St		
New Registered Office Address:		Florida street address	
	Lakeland	Florida 33805	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mitchell Leach	619 W 9th St, Lakeland,FL 33805	<b>≅</b> Add
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n effec ote:   I	re date, if other than the date of filing:  etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day  f the date inserted in this block does not meet the applicable statutory filing requirement  nt's effective date on the Department of State's records.	
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier d.	of: (b) The 90th day after th
ted _	November 30 rozo	
	M/ 12/11	
	Signature of a member or authorized representative of a member	
	•	