Division of Corporations



is page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Enter the email address for this posiness entity to be used to: Europe annual report marriags. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MR AND MRS BLEVINS LLC

| Certificate of Status | () |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

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COVER LETTER



| TO: Registration S | ection | | ,- |
|----------------------------------|---|---|--|
| Division of Co | rporations | 1_ | |
| MR AND SUBJECT: | MRS BLEVINS LLC | <i>;</i> | |
| | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspondence | ondence concerning this matter t | o the following: | |
| | Cheyenne Moseley | | |
| | | Name of Person | |
| | Legalzoom.com, Inc. | | |
| | | Firm/Company | |
| | 101 N Brand Blvd 11th Ft | | |
| | | Address | ************ |
| | Glendale, CA 91203 | | |
| | itisables insthing@gmail.com | City/State and Zip Code | |
| | | o be used for future annual report noti | fication) |
| For further information of | concerning this matter, please ca | N: | |
| Cheyenne Moseley | | 800 773-0888 at () | |
| Name (| of Person | at () | e Telephone Number |
| Enclosed is a check for t | he 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 Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

From: Svivia Pauli

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MR AND MRS BLEVINS LLC | | | | |
|---|--|-------------------------------|-------------------------|-------------------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our record Liability Company) | ords.) | | |
| The Articles of Organization for this Limited Liability Compa Florida document number $\frac{120000387590}{}$. | ny were filed on 12/11/2020 | | _ and ass | igned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited li | ability company here: | | | |
| BLEVINS LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "L | LC or the abbre | viation "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) | | | | |
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| B. If amending the registered agent and/or registered | office address on our reco | rds, <u>enter th</u> | ie name | of-the ne |
| registered agent and/or the new registered office address h | <u>ere</u> : | ٠ | | • • • |
| | | - | T.X. | C |
| and the second second | | . (| 🔽 | |
| Name of New Registered Agent: | | <u> </u> | | |
| New Registered Office Address: | | • | 9 | |
| New Negloteled Office Francisco | Enter Florida street odd | frees | | |
| · | | Florida | | |
| | $0. m_V$ | | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agen | <u>nt:</u> | | | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent obeing filed to merely reflect a change in the registered officompany has been notified in writing of this change. | ete performance of my duties, is provided for in Chapter 60 | and Lam fan 5, E.S. Or, 1f | niliar wit This doci | h and iment is |
| | | | | |

If Changing Registered Agent, Signature of New Registered Agent

To:

From: Sylvia Paull

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| D. If | amending any other informa | ition, enter change(s) here: (Attach ad | dditional sheets, if necessary.) | |
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| E. El | Fective date, if other than the | e date of filing: | (optional) or more than 90 days after filing.) Persuant to 6 | 05 (1303 (355) |
| (11 - | ote: If the date inserted in this b | lock does not meet the applicable statutory | filing requirements, this date will not be Il | sted as the |
| do | ocument's effective date on the D | repartment of State's records. | | |
| | • | | | |
| If the | record specifies a delaye | d effective date, but not an effecti | ve time, at 12:01 a.m. on the ear | lier of: |
| | The 90th day after the red | | | |
| | | | | |
| D. | ated December 2 | 6 2022 | | |
| D. | ated December 7 | 6 2022 | | |
| | Tistans | · · · · · · · · · · · · · · · · · · · | | |
| | - Jugary | Signature of a member or authorized représen | tative of a member | |
| | , | Signature of a member of itothorized represent | | |
| | TilTany Danielle Blevi | | | |