L21000093471

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COVER LETTER

TO: Registration Section

Division of Corpo	rations		
SUBJECT:	A Bling Bl Name of Lim	ing Detailited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Clarence	Blackett Name of Person	
	Clay Bli	ng Bling Deto	ail
	814 NW1º	1th terrace Address	
		derdale FC 333 City/State and kip Code	
	blackett 20 E-mail address: (1	oy (9) 9-Mail Corr) ation)
For further information con	cerning this matter, please ca	all:	
Clarence Name of P	Blackett	at (934) 45 63 Area Code Daytime T	88-5772 elephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Fiting 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 Se Division of Con P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations lahassee Street, Suite 810 2
			> D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clay Bling Bling 1	Detail
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{02/25/2021}{}$ and assigned
Florida document number <u>L 2100009347.</u> 1	' /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "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 agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registers</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
provisions of all statutes relative to the proper and comple	gree to act in this capacity. I further agree to comply with th te performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic	s provided for in Chapter 605, F.S. Or, if this document is called a discussion of the comment is called the second that the limited liability.
company has been notified in writing of this change.	AA
If Ch	nanging 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>	Name	<u>Address</u>	Type of Action
AMBR	Clarence Blackett	814 NW 14th terrace	[]Add
		Fort. Landerdale, Fc 3331/	
		(941) 13 8-5772	□Change
			[]Add
			🗆 Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□ Remove
			Change
			_ □Add (2)
			Remove
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			Remove
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ffective date, if	other than the date	of filing:		(optio	nal)	
an effective date is	listed, the date must be spe	ecific and cannot be prior	to date of filing or mo	re than 90 days after	filing.) Pursua	int to 605,020
ote: If the date in ocument's effection	nserted in this block do ve date on the Departm	nent of State's records.	able statutory tiling	requirements, mis	2021	it oc nsugra.
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record specifies a	ı delayed effective date,	, but not an effective ti	me, at 12:01 a.m. of	n the earlier of: (b)	The 20th	day after the
is filed.				•	مَ.	-
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ated NUCC				•	55	
ated IN QCC	l l					
ated <u>March</u>	- Algnat	fure of a member or autho	orized representative of	of a member		

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