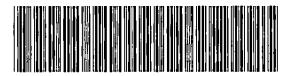
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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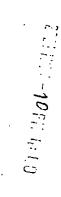
A. RIVERS NOV 1 0 2021



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11/12/21--01002--023 **25.00

11/13/31--01002--028 **25.00





COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	BLAZE 1/ Name of Lim	CICICION ICC	,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	undence concerning this matter	to the following:	
		Name of Person PRE INCICLULATION Firm/Company	
		Address	
		City/State and Zip Code	
For further information of	E-mail address: (to be used for future annual report notif	lication)
		at ()	
Name (f Person .	Area Code Daytime	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 Addre Registration Division of C	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J BLAZE THI	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number <u>人22000</u> 128	by Company were filed on $3/16/7021$ and assigned 4526
This amendment is submitted to amend the following	ā:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	Heith Times
New Registered Office Address:	2800 South ACIAMS Street Ste 5682 Enter Florida street address
_	MEILH TIMES 2800 SOUTH ACLAMS Street StE 5682 Enter Florida street address TAIIAHADSEE Florida 32314 City Zip Code
New Registered Agent's Signature, if changing Regis	
provisions of all statutes relative to the proper as	gent and agree to act in this capacity. I further agree to comply with the nd complete performance of my duties, and I am familiar with and ed 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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Keith Times	1200 S. Adams Street TAHAHASSEE ZI 32314	できるでもて 图Add
	L	FIIIANIA 3500 CT 50014	□Remove
			□Change
			□Add
		 	□Remove
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an effe <u>ote:</u> []	tive date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record Lis file	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 d.
ated _	
	J
	Signature of a member or authorized representative of a member
	Typed or punted name of signee

Filing Fee: \$25.00