

121000152620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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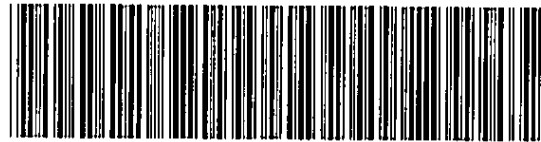
(Business Entity Name)

(Document Number)

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C. BRUMBLEY  
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**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLFLR LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richmond C. Flowers, Esq.
Name of Person
Rimon Law
Firm/Company
360 Central Ave., Ste. 800,
Address
St. Petersburg, FL 33701
City/State and Zip Code
richmond.flowers@rimonlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richmond Flowers                      786    693-1393

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Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the 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, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>	<u>Type of Action</u>
MGR	Larry Rascazzi	466 White Artic Ave.	<input type="checkbox"/> Add
		Ottawa, ON K26J 6-C9 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elisabete Rascazzi	466 White Artic Ave.	<input checked="" type="checkbox"/> Add
		Ottawa ON K26J 6-C9 CA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective 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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 1, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**