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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor			
SUBJECT	BLFLR LL	C		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Richmond C. Flowers, Esq	ļ.	
			Name of Person	
		Rimon Law		
			Firm/Company	
		360 Central Ave., Ste. 800.	•	
			Address	
		St. Petersburg, FL 33701		
		richmond.flowers@rimonla E-mail address: (City/State and Zip Code w.com to be used for future annual report not	ilication)
For further	information c	oncerning this matter, please co	all:	
Richmond	Flowers		786 693-1393	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed i	s a check for th	ne 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)
	lailing Addres		Street Address: Registration Se	ection
D	ivision of C	orporations	Division of Co	rporations
P	O. Box 632	7	The Centre of T	Γallahassee

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLRFL LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recorded Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L2100052620}{L2100052620}$.	any were filed on 4/1/2021	and assigned
This amendment is submitted to amend the following:		
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 L	.iability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 550 70
(Principal office address MUST BE A STREET ADDRESS	0	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		FILED (2) NOV-5 AH 9: 05 AH SEEE FILE
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>en</u> t	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	tress
		Ulorida
	City	Florida 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>	Address	Type of Action
MGR	Larry Rascazzi	466 White Artic Ave.	
		Ottowa, ON K26J 6-C9 CA	■Remove
MGR	Elisabete Rascazzi	466 White Artic Ave.	= Add
		Ottowa ON K26J 6-C9 CA	□Remove
			Change
			
			Remove
			Change
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ffective date, if other th	an the date of filing			(antional)	
an effective date is listed, the o	late must be specific and	l cannot be prior to d			
ote: If the date inserted in ocument's effective date or	this block does not not the Department of S	neet the applicable state's records.	e statutory filing requ	iirements, this date will n	not be listed as t

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Filing Fee: \$25.00