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COVER LETTER

TO: Registration S Division of Co			
BLRFL LI	LC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	·
	Richmond C. Flowers, Esc	1.	÷
		Name of Person	
	Rimon Law		, t ·
		Firm/Company	1' 3
	360 Central Avenue, Ste. 8	800	
		Address	
	Saint Petersburg, FL 3307	01	
		City/State and Zip Code	
	richmond,.flowers@rimonl		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)
Richmond C. Flowers	concerning this matter, picase e	727 698-1804	
	of Person	at ()	e Telephone Number
Enclosed is a check for t	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 Addre		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 63:	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLRFL LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability (Company were filed on April 1, 2021	and assigned
lorida document number L21000152620	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		:. i
Principal office address MUST BE A STREET ADDI	RESS)	
		71 ,
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	d office address on our records, enter th	he name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		.
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida .
	City	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 Arctic Ave.	≣ Add
		Ottawa, ON (Candada) K2J-6-C9 CA	□Remove
			□Change
			□Add
			☐ Remove
			☐Add
			☐ Rémove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			Change and

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	21: /
rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applic cument's effective date on the Department of State's records	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.02 table statutory filing requirements, this date will not be listed.
ecord specifies a delayed effective date, but not an effective to is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted March 16 2023	

Filing Fee: \$25.00