(((H23000148981 3)))



H230001489813ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please *

-ma								
	2 1	_	_	u	 ┖	-	3	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN :.. **BLIZTRUST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BlizTrust LLC		
(<u>Name of the Limited Linbility Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L21000255024	y were filed on <u>06/01/21</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
BlizManagement LLC		
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation "LLC" o	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:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		23
		ن ت
		2 .
 If amending the registered agent and/or registered office 	address on our records. enter th	ie name of the new regist
gent and/or the new registered office address here:		<u>5</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida strect address	
New Registered Office Address:	Enter Florida strect address , Flor	ida

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 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
AMBR	Dungia, Emi	7901 4th Street North suite 4000	🔀 Add
		Saint-Petersburg FL 33702) □Remove
			[]Change
Auth <u>orized Rep</u>	Registered Agents Inc	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	⊠Remove
			□Change
			□Add
			□Remove
			Change
****			DAdd
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
-			🗖 Add
			□Remove
			GCI

. II amendin	g any other informati					
						
					- · .	

•						
* *						
			· · · · · · · · · · · · · · · · · · ·		,,,, <u>,</u>	
						
						
				ŧ ı		
				_		
			P75.*** - 1***_ 17.			
Note: If the	ate, if other than the date is listed, the date must a date inserted in this bloceffective date on the Dep	k does not meet the	e applicable statut	filing or more than 9 tory filing require	(optional) 0 days after filing.) F ments, this date w	ursuant to 605.0207 (3 Ill not be listed as th
he record spec ord is filed.	ifies a delayed effective	late, but not an effi	ective time, at 12:	:01 a.m. on the ea	rlier of: (b) The	90th day after the
Dated	04/21	20	023			
_	S	gnature of a member	r or authorized repre	AAA exentative of a men	ber	
	.,					
		Typed	ROBIN JONE or printed name of	Signee	<u> </u>	