## L21000424999

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

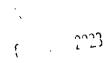
Office Use Only



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10/20/23--01025--025 \*+25.00





## **COVER LETTER**

Registration Section Division of Corporations

TO:

BLINK DE	SIGN STUDIO LLC				
SUBJECT:	Name of Lim	ited Lizbitity Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Nahiroby Lozano				
		Name of Person			
	NL Tax Consultant Inc				
		Firm/Company			
	1436 W 49th Street				
		Address	<del>" '</del>		
	Hialeah, FL 33012				
		City/State and Zip Code			
	nahiroby@nltaxconsultant.c				
	E-mail address: (	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please co	all:			
Nahiroby Lozano		305 982-8281			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Cor			
P.O. Box 632	27	The Centre of T	The Centre of Tallahassee		
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

131	INSIZ	DECLOSE	CTI	TOTAL	1 1	$\sim$
DL.	A (1).	DESIGN	310	טוטוכ	LL	

2023 OCT 20 PH 1: 2

	(A Florida Limited I	iny as it now appears on Liability Company)	SEC 1	F STITE
The Articles of Organization for this Limited I Florida document number L21000424999	Liability Company	were filed on $\frac{09/28/2}{}$	1021	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:	2340 W 3RD AVE		
(Principal office address MUST BE A STRE		HIALEAH, FL 3301	0	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2340 W 3RD AVE HIALEAH, FL 3301	10	
B. If amending the registered agent and/or		address on our recor	ds, <u>enter the name</u>	of the new regist
agent and/or the new registered office addre		VE CALDERON		
Name of New Registered Agent:		·		<u> </u>
agent and/or the new registered office addre	GERSON OLA	·	treet address	
Name of New Registered Agent:	GERSON OLA	AVE	treet address , Florida <sup>330</sup>	10

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
AMBR	GERSON OLAVE CALDERON	10625 W 32ND LANE	
		HIALEAH, FL 33018	□Remove
AMBR	LINA P. TRUJILLO CAMACHO	10625 W 32ND LANE	□Add
		111ALEAH, FL 33018	□Remove
			Change
			□ Add
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		<u> </u>	□ Remove
			□Change

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Dated	'd 18 111	ed.
		OCTOBER 01 , 2023
Signature of a member of authorized representative of a member	Jated _	
Signature of a therable of authorized representative of a member		
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Filing Fee: \$25.00