L21000506453

(vin)		
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COVER LETTER

Division of Con	porations		
THE AC S	ERVICE CLUB LLC	N	
SUBJECT:	Name of Lin	nited Liability Company	
		med Bidomity Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ahmed Mohamed		
		Name of Person	_
	THE AC SERVICE CLUE	3 LLC	
		Firm/Company	
	3605 NE 22nd Avenue		
		Address	
	Lighthouse Point, FL 3306	54	
	 	Cîty/State and Zip Code	
	mohamed.eddic@gmail.cor		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Ahmed Mohamed		561 563-5269	
Name o	f Person		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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	<u> </u>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE AC SERVICE CLUB LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 11/29/2021	and assigned
lorida document number L21000506453		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
BLMK SERVICES LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202 SE
	·	SECK 140
		NIO I
nter new mailing address, if applicable:		ξη ⁻ \$
Mailing address MAY BE A POST OFFICE BOX)	-	
		25 3
		<u> </u>
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
		orida
	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
			□Add
			□Remove
			Change
		·	□Add
			Remove
			□Add
			Remove
			Change
		 	□Add
			□Remove
	·	Change	
		 	
		□Remove	
			□Add
			□Remove
			□ Changa

_,	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an c Note:	tive date, if other than the date of filing: [fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Abrel Mahal
	Signature of a member or authorized representative of a member
	AHMED M. MOHAMED Typed or printed name of signee