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T. MATTHEWS

JUL 2 6 2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Bli	tzen Lighting L	LL Lited Liability Company	
	Name of Lim	ited Liability 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:	
	Devin E	HNIPF	
		Name of Person	
		Firm/Company	
	540 Trihity	100 #8317 Address	
	_St.petersh	VFQ FL 33716 Gity State and Zip Code	
	\sim \sim \sim 111:	to be used for futured annual report notif	ication)
For further information e	oncerning this matter, please co	•	, can a
Dovin E	itnier f Person	at (<u>727</u>) <u>331</u> -	9014 Telephone Number
Enclosed is 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT DIVISION OF CORPORATION TO ARTICLES OF ORGANIZATION 22 MAY 23 AM II: 07

Blitzen Lighting L	11	
(Name of the Lingted Linguity Co (A Florida Lim	ompany as it now appears on our reco ited Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>12200071269</u> .	pany were filed on 12-11-6	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	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
	City	Florida Zip Code
	V. H.	ing Citi

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Devin Eitnier	540 Trining In n. #8317	MAdd
		540 Trinity In n. # 8317 St. petersburg FL 33716	□Remove
			□Add
			□Remove
			Change
			□Add
			🗀 Remove
			□Change
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			□ Change
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			□Change
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			Remove

□Change

Page 2 of 3

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/ \		Signature of a member of authorized representative of a member