04/12/2022 12:09 PM TO:18506176383 FROM:3215598192 Page: 2.35 PM 4/12/22 Note: Please print this page and use it as a cover sheet. Type the fax audit number

(shown below) on the top and bottom of all pages of the document.

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То:	Division of Corporations Fax Number : (850)617-6383	LLAHASSI
From:	Account Name : SOUSA & ASSOCIATES INC Account Number : I20190000111 Phone : (407)800-7028	7. 3: 3:3 7. 3:3:3:3:3:3:3:3:3:3:3:3:3:3:3:3:3:3:3:

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

: (407)992-9407

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Page:	6	04/12/2022	12:09 PM	TO:18506176383	FROM: 3215598192	
					433000	2330223
				COVER LETTER	((44000	
	то:	Registration Section Division of Corporations	:			
	SUBJE	BLAA BUSINESS L	LC			
			Name of	Limited Linbility Company		

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Maria C Sousa

Name of Person

Please return all correspondence concerning this matter to the following: Maria C Sousa Name of Person Sousa & Associates Inc Firm/Company 5728 Major Blvd, , Ste 309 Address Orlando, FL City/State and Zip Code info@sousaacc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Had 0002330223

12:09 PM 7 04/12/2022 Page:

7 04/12/2022	12:09 PM TO:1850	06176383 FROM	M:3215598192
	ARTICLES OF A		H290002330203
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			ozz and assigned
BLAA BUSINESS	Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o	ur records.)
			500
he Articles of Organization for	r this Limited Liability Company	were filed on 02/20/20	من معنون
lorida document number L220	000086290		
his amendment is submitted to			~
		iller company here:	•
If amending name, enter t	he new name of the limited liab	mity company nere.	
he new name must be distinguishab	le and contain the words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices ac	ST BE A STREET ADDRESS)		
Principal office address in O.S.	T DE 7 GTREET 7115 STREET		
Enter new mailing address, it	f applicable:		
Mailing address MAY BE A			
			also set as the name of the new registered
B. If amending the registered agent and/or the new register	d agent and/or registered office red office address here:	address on our recor	ds, enter the name of the new registered
<u>.</u> .			
Name of New Regist	tered Agent:		
New Registered Offi	ce Address:	Enter Florida s	street address
		2	
		City	, Florida 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

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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>	Name	Address	Type of Action
AMBR	EMILIANO JAVIER BLANCHE	BOER, 348 SAN NICOLAS	
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ic date. If other than the date of filing: ire date is listed, the date must be specific and convent be prior to date the date inserted in this block does not meet the applicable at at's effective date on the Department of State's records.	(optional) of Sing or more than 90 days after filing) Pursuan to 403 0227 (330), tetulory filing requirements, this date will not be listed at the	
specifies a delayed effective date, but not an effective time, at f.	12-91 a.m. on the earlier of (b). The 90th day after the	
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