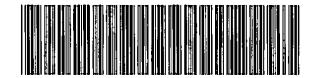
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SI CHE TARY DE DRATION OF CORPORATION

T. MATTHEWS

JUL 12 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	Solutions LLC		
SUBJECT:	Name of Lim	ited Liability Company	`
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin E Randolph		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	BLT Home Solutions LLC		
		Firm/Company	
	94894 Windflower Trail		
		Address	
	Fernandina Beach, FL 320)34	
		City/State and Zip Code	
	jrand510@gmail.com	to be used for future annual report n	atification
For further information c	oncerning this matter, please c	·	omeunon
Justin E Randolph		904 583-7066 at ()	
Name o	f Person	Area Code Dayı	ime 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 Registration		Street Address: Registration S	
Division of C		Division of C	
P.O. Box 632	2.7	The Centre of	f Tallahassee
Tallahassee, I	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE LO SECRETARY OF STATE DIVISION OF CORPORATION

BLT Home Solutions LLC

22 MAY 13 PH 3: 06

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C		and assigned
Florida document number L22000102769	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here	<u>2</u> :
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR	RESS)	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our rec	ords, enter the name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registere	- 	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c		

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>1</u>	Гуре of Action
MGR	Justin E Randolph	94894 Windflower Trail, Fernandina Beach, FL 32034	i _ ≣ Add
			_ □Remove
			_ □Change
AMB12	JUSTIN E 12 ANDOLDIA	94894 WINDFLOWER TYZAIL, FERNANDINA	<u>r</u> ⊒Xdd
		BEACH, FL, 32034	_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
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			_ 🗆 Change
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			_ 🗆 Change

Effective date, if other than the date of filing: O2/27/2022					
Effective date, if other than the date of filing:					
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