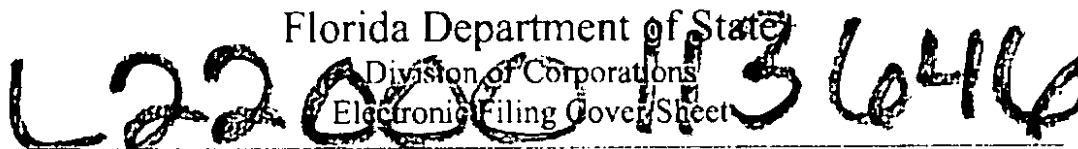


5/13/22, 10:07 AM

Division of Corporations



**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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H220001717523ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC  
Account Number : 120110000086  
Phone : (718)569-2703  
Fax Number : (718)504-7890

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

Email Address: contact@interstatefilings.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BLAZE PONDELLA LLC**

Certificate of Status	0
Certified Copy	0
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(((H22000171752 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLAZE PONDELLA LLC

(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 Company were filed on 03/07/2022 and assigned Florida document number L22000113646.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LEAH MAMAN

New Registered Office Address:

136 PONDELLA RD

*Enter Florida street address*

NORTH FORT MYERS

*City*

Florida 33903

*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

Page 1 of 3

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAMAN, ALON	136 PONDELLA RD	<input type="checkbox"/> Add
		NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Remove
MGR	MAMAN, LEAH	136 PONDELLA RD	<input checked="" type="checkbox"/> Add
		NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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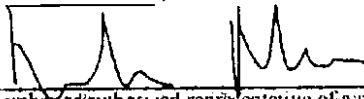
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: 05/09 2022



Signature of a member or authorized representative of a member.

LEAH MAMAN

Typed or printed name of signer