

L220000113646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

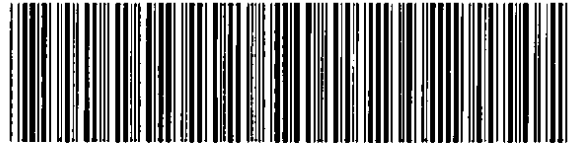
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100415376471

09/15/23--01013--019 ♦♦25.00

2023 SEP 15 AM 9:52

2023 SEP 15 AM 9:52

2023 SEP 15 AM 9:52

VH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLAZE PONDELLA LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Anna Koroleva

Name of Person

Protax Center Inc

Firm/Company

1679 E 19th St, STE 2A

Address

Brooklyn, NY 11229

City/State and Zip Code

info@protaxcenter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Koroleva

718

645-0500

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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 122000113646.

This amendment is submitted to amend the following:

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 "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)

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:

MAAG GROUP INC

New Registered Office Address:

7901 4TH ST N STE 300

Enter Florida street address

ST PETERSBURG

Florida 33702

City

Zip Code

With 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

, Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
and from our records:

= Manager

MR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|-------------------------|--|
| GR | ALON MAMAN | 3990 HYDE PARK CIRCLE | <input type="checkbox"/> Add |
| | | HOLLYWOOD, FL 33021 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| GR | MAAG GROUP INC | 7901 4TH ST N STE 300 | <input checked="" type="checkbox"/> Add |
| | | ST PETERSBURG, FL 33702 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

2023 SEP 19 AM 9:52
FILED
CLERK OF COURT
JULIA M. GORELIK

Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he record 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
ord is filed.

Dated 09/01/2023 _____



Signature of a member or authorized representative of a member

ARIEL GORELIK

Typed or printed name of signee