

h22000271424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

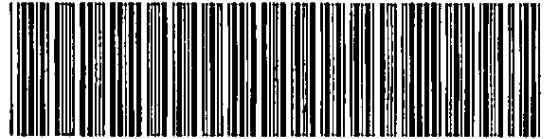
(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 AUG 22 AM 10:56

J. L. HARRIS  
NOV 09 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLAZE TITUSVILLE 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 Korolova

\_\_\_\_\_  
Name of Person

Protax Center Inc

\_\_\_\_\_  
Firm/Company

1679 East 19th Street, 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

**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 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	ALON MAMAN	3990 HYDE PARK CIRCLE	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAAG GROUP INC	7901 4TH ST N	<input type="checkbox"/> Add
		STE 300	<input checked="" type="checkbox"/> Remove
		ST PETERSBURG FL 33702	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

If the 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 record is filed.

2 h

ALON MAMAN

**Filing Fee: \$25.00**