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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : 120140000083

(407)932-0040

Fax Number

: (407)520-5473

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT| OR M/MG RESIGN BLABLA BAR & LOUNGE LLC

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TO: Registration Section		•		
Division of Corporations				
BLABLA BAR & LOUS	NGE LLC			
	Name of Limited L	ability Company		
The enclosed Articles of Amendment a	and Sector			
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Please return all correspondence conce	ming this matter to the	following:		
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•	i	Name of Person		
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14650 GA	TORLAND DR STE 1			
		Address		
ORLAND	O, FL 32837			
ORDAND				
BLABLAG	City/ RLANDO01@GMAIL	State and Zip Code		
		ed for future annual report notif	fication)	
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		407 203-0511 ut ()		
Name of Person		Area Code Daytime	Telephone Number	
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Division of Corporations	į	Registration Section Division of Corp	uon Iorations	
P.O. Box 6327	:	The Centre of Ta	illahassee	
Tallahassee, FL 32314	:	2415 N Monroe	Street, Suite 810	
		Tallahassee, FL 3		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLABLA BAR & LOUNGE LLO	
(Name of the Lin	ited Liability Company as it now appears on our records.) (A Florida Limbed Liability Company)
	- (A Florida Limited Liability Company)
The Articles of Organization for this Limited	Liability Company were filed on 07/18/2022
Florida document number L22000318490	and assigned
This amendment is submitted to amend the fol	lowing:
A. If amending name, enter the new name of	ni sho kimita a re a m
s and the new mine	of the finited hability company here:
The new name must be distinguishable	
that of distriguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applications	cable:
(Principal office address MUST BE A STREE	
Enter new mailing address, if applicable:	5
Mailing address MAY BE A POST OFFICE	ROY
	2037
B. If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:	egistered office address on our records, enter the name of the new registered is there:  JOEL E ALVARADO GRIMAN
	THE
New Registered Office Address:	5340 JUBILOSO DR
	Enter Florida street address
•	SAINT CLOUD Florida 34771
	City Zip Code
ew Registered Agent's Signature, if changing R	egistered Agent:
ecept the obligations of my position as regis	I agent and agree to act in this capacity. I further agree to comply with the rand complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S. Or, if this document is egistered office address, I hereby confirm that the limited liability hange.
	If Changing Registered Agent, Signature of New Registered Agent

\_ Change

Page; 5 of 5

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