## L22000327447

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## **COVER LETTER**

TO: Registration S Division of C				
BLAISE	SURPLUS BAGGAINS LLC			
SUBJECT:	Name of Limit	ed Liability Company	<del></del>	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.		
Please return all corres	pondence concerning this matter t	o the following:		
	ESPRADU BLAISE			
		Name of Person		
	BLAISE SURPLUS BARC	GGAINS LLC		
	<del></del>	Firm/Company		
	3122 SW 189TH AVENUE	<u>.</u>		•
		Address	<del></del>	•
	MIRAMAR, FL 33029			1
		City/State and Zip Code		·,
	ESPRadublaise@yahoo.con			
		to be used for future annual report notifi	eation)	· · · · · · ·
For further informatio	n concerning this matter, please ca	ail:		
ESPRADU BLAISE		954 822-9522 at ()		
Nan	e of Person	Area Code Daytime	Telephone Numbe	r
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
P.O. Box	on Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLAISE SURPLUS BAGGAINS LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Company Florida document number [1.22000327447].	were filed on 03/28/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
BLAISE SURPLUS BARGGAINS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3122 SW 189TH AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33029	
Enter new mailing address, if applicable:	3122 SW 189TH AVENUE	T
(Mailing address MAY BE A POST OFFICE BOX)	MIRAMAR, FL 33029	
		,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	r.nier v torida street address	
	Flo	rida Zin Code
New Registered Agent's Signature, if changing Registered Agent:	ř	zyi Coue
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del>-</del>	□Add
			Remove
			Change
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			Remove
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			76_; 76_; 75,
fective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block discument's effective date on the Department.	pecific and cannot be prior to date of loes not meet the applicable state		ng.) Pursuant to 605.020
ecord specifies a delayed effective date is filed.	e, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	fhe 90th day after th
ted APRIL 22ND	. 2024		
	Pl- · · · · ·	-	