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(Re	equestor's Name)	
(Ad	idress)	
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(Address) (Address) (City/State/Zip/Phone #)	MAIL	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

BLAZENI	PUFF&STUFF OUTLET LLC			
SUBJECT:	Name of Lin	nited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	ABDULLAH SEBAI			
		Name of Person		
	BLAZENPUFF&STUFF (OUTLET LLC		
		Firm/Company	_	
	3105 WEST ATLANTIC	BLVD		
		Address		
				22
		City/State and Zip Code		SER
	POMPANO BEACH FL, 3.			-7
		to be used for future annual report not	tification)	≥
For further information of	concerning this matter, please c	all:		22 SEP -7 AM 10: 47
ABDULLAH SEBAI		313 695-6755		47
Name o	of Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	he 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 I Certificate of Certified Cop (additional copy)	Status &
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLAZEN PUFF & STUFF OUTLET, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A rionda Limi	ed Clabinty Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{07/29/202}{1}$	2 and assigned
Florida document number L22000336175	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		22
		T = 1
Enter new mailing address, if applicable:		-7
(Mailing address MAY BE A POST OFFICE BON)		A
		10: 4 (1)
	-	47
B. If amending the registered agent and/or registered office	ce address on our records.	enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
	<u>-</u>	
New Registered Office Address:	Enter Florida stree	et address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	nt;	,
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	zte performance of my du is provided for in Chapter	ties, and I am familiar with and c 605, F.S. Or, if this document is
If C	hanging Registered Agent Sign	nature 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>	Type of Action
MR	EDDIE ZABEN		□ Add
		3105 WEST ATLANTIC BLVD	= Remove
			□Change
-			□Add
			□ Remove
			□Change
			22dd 27. 16.
			Remove.
			Change 47
			DAdd
			□Remove
			□ Change
	-		□Add
			□Remove
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an effectiv <u>ote:</u> If t	date, if other to the date is listed, the he date inserted it is effective date of the dat	e date must be spec in this block doe	of filing: cific and cannot be es not meet the	applicable stat	filling or more the utory filling requ	(option an 90 days after fil uirements, this d	ing.) Pursuant to (505.020 isted a
record sp is filed.	occifies a delayed	l effective date, l	but not an effec	ctive time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day at	fter the
	22/2022		·	·	,			
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ated <u>087</u>		Signatu	re of a member	or anti-orized rep	resentative of a n	nember		

Filing Fee: \$25.00