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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I2004000007 : (305)640-0281 Phone Fax Number : (305)489-2902

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUKHANDI CARRIER SERVICES LLC

| Certificate of Status | 0       |
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AUG 0 9 2023 K. Brumbley

From: LAXMY CHACON

## COVER LETTER

| TO: Registration<br>Division of C | Section<br>Corporations                      | ć.   | ·   |
|-----------------------------------|--|--|---|
|                                   | IANDI CARRIER SERVICES LI                    | .c   |   |
| SUBJECT:                          | Name of Lin                                  | nited Liability Company  |   |
| The enclosed Articles             | of Amendment and fec(s) are sub              | omitted for filing.  |   |
| Please return all corre           | spondence concerning this matter             | to the following:  |   |
|                                   | CHANDALE PLUMMER                             |  |   |
|                                   | · · · · · · · · · · · · · · · · · · ·        | Name of Person   |   |
|                                   | BLUKHANDI CARRIER                            | SERVICES LLC   |   |
|                                   | <del></del>                                  | Firm/Company   |   |
|                                   | 1267 SW 46TH AVE AP                          | T 2311   |   |
|                                   |  | Address  | 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1   |
|                                   | POMPANO BEACH, FL.                           | 33069  |   |
|                                   | laxmyc2001@yahoo.com                         | City/State and Zip Code  |   |
|                                   | - · · · · · · · · · · · · · · · · · · ·      | to be used for future annual report notif                        | fication)   |
| For further informatio            | n concerning this matter, please c           | all:   |   |
| LAXMY CHACON                      |  | 305 640-0281   |   |
| Nam                               | e of Person                                  | Area Code Daytimo  | : Telephone Number  |
| Enclosed is a check fo            | r the following amount:                      |  |   |
| € \$25.00 Filing Fee              | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Add                       | ress:  | Street Address:  |   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| BLUKHANDI CARRIER SERVICES LLC  |  |                          |
|---|--|--------------------------|
| (Name of the Limited Liability Com<br>(A Florida Limite                 | nany as it now appears on our records,) d Linbility Company) |                          |
| The Articles of Organization for this Limited Liability Compar          | ny were filed on 08-09-2022                                  | and assigned             |
| Florida document number L22000351460                                    |  |                          |
| This amendment is submitted to amend the following:                     |  |                          |
| A. If amending name, enter the new name of the limited lin              | ability company here:  |                          |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" or the a              | bhreviation "L.L.C."     |
| Enter new principal offices address, if applicable:                     |  |                          |
| (Principal office address MUST BE A STREET ADDRESS)                     |  |                          |
| Enter new mailing address, if applicable:                               | 4047 NW 16TH ST APT 105D                                     |                          |
| Mailing address MAY BE A POST OFFICE BOX)                               | LAUDERHILL, FL33313  |                          |
| B. If amending the registered agent and/or registered office            | e address on our records, enter the nar                      | ne of the new registered |
| ngent and/or the new registered office address here:                    |  | AUG.                     |
| Name of New Registered Agent:   |  | 8 FB                     |
| New Registered Office Address:  | Enter Florida street address                                 | <u> </u>                 |
|   | , Florida  | 2: <b>0</b>              |
|   | City   | Zip Code                 |

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

MGR = Munager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | Address                   | Type of Action |
|--------------|---------------------|---------------------------|----------------|
| MGR          | SHERWAYNE W. LEVENE | 1267 SW 46TH AVE APT 2311 | ≅Add           |
|              |                     | POMPANO BEACH, FL 33069   |                |
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| Effective date, if other than the fan effective date is listed, the date must be set of the date inserted in this bill document's effective date on the D | ock does not meet the a  | ipplicable statutory I | (option<br>or more than 90 days after fil<br>iting requirements, this d | al)<br>ing.) Pursuant to 605.0207 (3)<br>ate will not be listed as the |
| record specifies a delayed effective is filed.  | e date, but not an effec | tive time, at 12:01 a. | m, on the earlier of: (b)   | The 90th day after the   |
| AUGUST 8  | 2023                     |                        |   |  |
| Dated   | $\overline{\mathcal{O}}$ | 26                     |   |  |
|   |                          | K 17/                  |   |  |

Typed or printed name of signee