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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000359418

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGAL TEAM PLLC
Account Number : I20210000040
Phone : (786)307-2393
Fax Number : (786)524-3342

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

Email Address: KSUAREZ@LEGALTEAMSERVICES.COM

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BLONDES HITS LLC

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T. LEMIEUX
SEP 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLONDES HITS 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:

KAREL SUAREZ, ESQ.
Name of Person

THE LEGAL TEAM PLLC
Firm/Company

1815 SW 85 COURT
Address

MIAMI, FLORIDA 33155
City State and Zip Code

KSUAREZ@LEGALTEAMSERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERICK TRELLES at (305) 281-6034
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)

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

StreetAddress:
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

BLONDES HITS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/17/2022 and assigned Florida document number L22000359418.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1121 Cotorro Avenue
Coral Gables, Florida 33146

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1121 Cotorro Avenue
Coral Gables, Florida 33146

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

Transferring 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

Title	Name	Address	Type of Action
MGR	Marian Alvarez-Beigbeder	1121 Coorrio Avenue	☐Add
		Coral Gables, Florida 33146	☐Remove
			■Change
MGR	Viviana Alvarez-Beigbeder	1121 Coorrio Avenue	☐Add
		Coral Gables, Florida 33146	☐Remove
			■Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated September 8 2023

DocuSigned by:

Signature of a member or authorized representative of a member

Marian Alvarez-Beigbeder

Typed or printed name of signee

Filing Fee: $25.00