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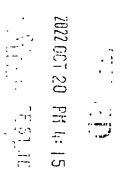
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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10/20/22--01027--002 **25.00



A. BUTLER

JAN 1 2 2023

COVER LETTER

Registration Section

TO:

Division of Cor	porations			
	Estate, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	-		
•	C	Ţ.		
	Blaise Louidort			
		Name of Person		
	Blaise Real Estate, LLC			
		Firm/Company		
	416 W Lantana Rd			
	-	Address		
	Lantana, Florida 33462			
		City/State and Zip Code		
	blaiselouidort@yahoo.com E-mail.address: (to be used for future annual report n	otification)	
For further information e	oncerning this matter, please c	·		
Blaise Louidort		561 707-7415		
Name o	f Person	at () Area Code Dayt	ime Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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)	
Mailing Address		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	7	The Centre of	f Tallahussee	
Tallahassee, I	FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blaise Real Estate, LLC

2022 OCT 20 PM 4: 15

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

,	00/20/20/20	TATE
The Articles of Organization for this Limited Liabilit		and assigned
Florida document number 1.22000421523		
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 "LL	"" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	33
		lorida
	Cią:	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

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
MGR	JEAN, DANY DANTES	416 W Lanttana Rd. Suite A	
		Lantana, Fl 3346- 2	■Remove
			□Change
			□Add
			□Change
·			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ff	09/29/202	22	(15
ffective date, if other than the can effective date is listed, the date must	be specific and cannot be pri-			ing.) Pursuant to 605,0207
lote: If the date inserted in this blo ocument's effective date on the Dep			ng requirements, this d	ate will not be listed as
•				
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
l is filed.				
October 17	2022			
ated	· -	·	Λ	
/	15 NOOL	uders	#	
	Signature of a member or aut	thorized representativ	e of a member	
Blaise Louidort				