## L23000021731

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

Office Use Only



500415236435

2023 SEP 11 PM 4-4

SEP 12 2023

FLORIDA CAPITAL COURIER S	ERVICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437 (850) 524-6243	
(830) 324-0243	
Please use funds from account: 120	0210000160:60.00
Authorization Signature:	dido
Bledsoe Technology Consulting	
Business	Document #
X Certified copy of	
-	
_X Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	X_Amendment
Not for Profit	Resignation of R.A.
Officer/Director	Articles of Dissolution
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
_ CORP	Conversion
LLLP	Amended and restated Articles Statement of Authority
OTHER FILINGS	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE:	OTHER

## **COVER LETTER**

	Registration Sec Division of Corp			
oun in		TECHNOLOGY CONSULTIN	√G LLC	
SUBJEC	JI:	Name of Limi	ted Liability Company	<del></del>
		Amendment and fee(s) are subr		
Please re	eturn all correspon	ndence concerning this matter t	o the following:	
		Christopher Bledsoc		
			Name of Person	
		BLEDSOE TECHNOLOG	Y CONSULTING LLC	
			Firm/Company	
		1304 Meadow Circle NE		
			Address	
		Winter Haven, FL 33880		
			City/State and Zip Code	
		chrisbledsoe@outlook.com	to be used for future annual report notifical	tion)
Con front	has information c	oncerning this matter, please ca		
		oncerning this matter, prouse of		
Christo	pher Bledsoe	C1)	727 301-6449 at ()	elephone Number
	Name o	f Person	Mea code Dayanio N	, , , , , , , , , , , , , , , , , , ,
Enclose	d is a check for t	ne following amount:		
□ <b>\$</b> 25	i.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)
	Mailing Addres		Street Address: Registration Section	on
	Registration : Division of C		Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	, Florid	aZip Code
New Registered Office Address:	Enter Floridu street address	
Name of New Registered Agent:		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registere
(Mailing address MAY BE A POST OFFICE BOX)	Winter Haven, FL 33880	<u> </u>
Enter new mailing address, if applicable:	1304 Meadow Circle NE	9.
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:	Winter Haven, FL 33880	
	1304 Meadow Circle NE	07:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company" the designation "LLC" or t	the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liab	ility company here:	
This amendment is submitted to amend the following:		
Florida document number L23000021731		
The Articles of Organization for this Limited Liability Company	were filed on 01/10/2023	and assigned
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	

## 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>	Name	Address	Type of Action
AMBR	Krista Bledsoe	5990 High Glen Drive	
	<del></del>	Lakeland, FL 33813	□Remove
			☐Change
MGR Donna Bledsoc	Donna Biedsoe	1304 Meadow Circle NE	<b>=</b> Add
		Winter Haven, FL 33880	□Remove
			□Change
AMBR Christopher Bledsoe	Christopher Bledsoe	5990 High Glen Drive	🗀 Add
	Lakeland, FL 33813	🗀 Remove	
			<b>■</b> Change
			□Add
			□Remove
		□Change	
		□Add	
		□Remove	
		□Change	
		□Change	

Note:	ive date, if other than the date of filing:  [Coptional]  [Coptional]
he reco	rd 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 iled.
Dated	September 10. 2023.
	September 10, 2023.  Christophe Bledge Signature of a member or authorized representative of a member
	Christopher Bledsoe
	Typed or printed name of signee

Filing Fee: \$25.00