(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UF WAIT MAIL	
(Business Entity Name)	
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Instructions to Filing Officer. J. HORNE FEB 24 2023	
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COVER LETTER

TO: Registration So Division of Con			
SUBJECT: Bla	ank Digita	Design Lited Liability Company	LC:
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joshua	Blank Name of Person	
	Blank	istal Desig	<u> </u>
	11855	Address Address	imson Kmotr
	tarpon S	City/State and Lip Code NK @ Yahoo.	34689
	E-mail address: ()	to be used for future annual report not	ification)
For further information c	concerning this matter, please co	all:	
Joshua Name o	Blank of Person	al (702) 211 Area Code Daytin	- 742.5 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration ! Division of C	Section	Street Address: Registration Sc Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT

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ARTICLES OF C	ORGANIZATION	20.
C)F	LUZ3FEB 21, D
Blank Distal (Name of the Limited Liability Compa (A Florida Limited)	Design LLC any as it no appears on our re- Liability Company)	2023 FEB 24, Fig 3: 51
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000037 46</u> 5	, /	12023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Unter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	714 Crims Tarpon Spr	ion King Tr. ings, FL 34659
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	City	Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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:

%IGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joshua Blank	714 Crimson King Tr	
		Tarpon Springs, FL	
		34659	
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			□Remove
			□Change
			🗆 Add
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li ffaat	vo data if other than the data of filings (antional)
Note:	ve date, if other than the date of filing:
e recor id is fi	d 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 ed.
Dated	February 24. 2023.
	Signature of a member or authorized representative of a member
	Joshua Blank Typed or printed name of signee

Filing Fee: \$25.00