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COVER LETTER

	Registration S Division of Co					
SIID IEC		an Enterprise, LLC				
SUBJEC	l; <u>.</u>	Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub				
		Lorrie A. Curran				
			Name of Person			
			Firm/Company			
		155 Bartram Market Drive	c, STE 135, PMB 133			
			Address			
		Saint Johns, FL 32259				
		lolos.direct@gmail.com	City/State and Zip Code		2023 H	
For further	r information c	E-mail address: (concerning this matter, please e	to be used for future annual report notificativall:	on)	2023 HAR 28 SECT 5 1 15 VALLETTE	•
Lorrie A.	Curran		904 228-7189 at ()		PH 2	Ç.
	Name o	f Person		ephone Number	2: 12 STATE	
Enclosed i	s a check for the	he following amount:				
□ \$25.00) Filing Fee	El \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

Street Address: 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

Blom Curran Enterprise, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L23000040985	were filed on January 23, 2023	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
oloco Enterprise, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	155 Bartram Market Drive	
Principal office address MUST BE A STREET ADDRESS)	Suite 135, PMB 133	
	Saint Johns, FL 32259	
nter new mailing address, if applicable:	155 Bartram Market Drive	023 HAR SLOKE TALL
failing address MAY BE A POST OFFICE BOX)	Suite 135, PMB 133	28
	Saint Johns, FL 32259	CC -0 11
		May 10 Po
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	
sen and or the new registered office address here.		rri 19
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

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
			□Add
			Remove
			☐ Change
			□Remove
			□ Change
			ZIAND 23
			DANGE 28 Change 20 St. 12 St. 22
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ective date, if other than the d	ata of fillian		, ,,	
reffective date is listed, the date must b	e specific and cannot be pr	ior to date of filing or mo	(option re than 90 days after fil	ing.) Pursuant to 605,020
te: If the date inserted in this bloc nument's effective date on the Dep	k does not meet the appartment of State's recor	ds.	requirements, this d	ate will not be listed a
cord specifies a delayed effective of sfiled.	late, but not an effectiv	e time, at 12:01 a.m. o	the earlier of: (b)	The 90th day after the
ed	2023			
	, <u></u> _			

Filing Fee: \$25.00

Typed or printed name of signee