L 23 0000 54071

(Requestor's Name)
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FILED 2021 DAR - 7 MI 8: 07 25 February 1

A. RIVERS
MAY - 2 2023

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Blase LL		
	Name of Limite	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	_	1	
	Ashar	He HUY NO	·
	Bla	Se LLC Firm/Company	
	6468 K	Anlack Drive	
	Jacksonvill	e/FL 32	219
	blasetts a	City/State and Zip Code Of Fest Lewis	mail.com
For further information con	ncerning this matter, please cal		
Ashante Name of 1	Horre	at (<u>GOY</u>) <u>HOJ –</u> Area Code Daytime	7141 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)
Mailing Address: Registration Se		Street Address: Registration Sec	tion
11051311411011 01		District of Com	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Islase L	LC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000054071</u>	nany were filed on <u>03/02/</u>	023 and assi	gned
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 I	iability Company," the designation "LLC" or t	the abbreviation "L.L	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	0		
Enter new mailing address, if applicable:		-	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the	name of the new	registered
Name of New Registered Agent:		- 10	-
New Registered Office Address:	Enter Florida street address		a service a service a service
	, Florida	1	
	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 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
AMGR	Ashante Horne	6468 Kinlack Drive Jay, FC 3221	9 Chad
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Chance

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		-
		•
		
••••		
		
If an effective Note: If the	te, if other than the date of filing:	.0207 (c d as t
e record sp rd is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated F	bruary 24. 2023.	
	Signature of a member or authorized representative of a member	
	Ashante Horno	

y