123000043/27

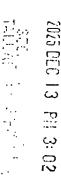
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ymils





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12/13/24--01007--024 **25.00



COVER LETTER

	Registration Sec Division of Corp						
SURIFC	Blank Papers	s LLC					
.50 Da1.C		Name of Lim	ited Liability Company				
The encle	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspon	idence concerning this matter	to the following:				
		Mario Gallego					
			Name of Person	- · · · · ·			
		Blank Papers LLC					
			Firm/Company				
		184 Avocado Avenue					
		Address					
		West Palm Beach, FL 334	13				
		City/State and Zip Code					
		mariofg06@gmail.com	to be used for future annual re				
7- <i>(</i> 2)	. مر			eport notification)			
her furth	er information co	ncerning this matter, please co	all:				
Mario G	allego		551 404- at ()	-0071			
	Name of	Person	Area Code	Daytime Telephone	: Number		
Enclosed	is a check for the	following amount:					
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed.	osed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)		
	Mailing Address	i ,	Street Ado	dress:			

Registration Section
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

Blank Papers LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned _____ and assigned Florida document number 1.23000093122 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ___

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mario Gallego	184 Avocado Avenue	Add
		West Palm Beach, FL 33413	□Remove
MGR	Carlos Osorio	184 Avocado Avenue	
		West Palm Beach, FL 33413	=Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			Remove
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
•	
(It an et Note:	tive date, if other than the date of filing:
he recor ord is fi	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 fled.
Dated	11-22 . 2024 .
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00