## L23000131877

/Pani	estor's Name)	<del> </del>
прем)	estors ivame)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docu	ment Number)	
Cenified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



000429636030

FILED RECEIVES

Some di

MAY 31 2024 D CUSHING

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	EZ BLUM!	LINTERNAT ted Liability Company	IONAL LLC	
	nendment and fee(s) are sub-	-		
	BLuner	Name of Person	<del></del>	
	CHEZ B	Lums Internation	national LLC	
	<u>1350 N</u>	Address Drive	-, Unit B-4	
	Talla hars  blyngin  E-mail address: (1	City/State and Zip Code  Le Cation and E	22308 FEE MAN	
For further information con-	cerning this matter, please ca	ill:	(20 <sup>15)</sup> (1) (21	į į
BL 4MCC Name of Po	Mytanga.	at (85) 321 0 Area Code Daytime	Greation 29 PH 4: 12	
Enclosed is a check for the t	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 Sec Division of Cor P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on 03/22/2023 and assigned lorida document number 1/23/00/13/877	
his amendment is submitted to amend the following:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  I 350 Mahan Dive Unit B-L  Principal office address MUST BE A STREET ADDRESS) — 1 2 1 2 2 2 2 8	<del>j</del>
nter new mailing address, if applicable:    1350 Mahan Dive, Unit B-1   Mailing address MAY BE A POST OFFICE BOX)   Tallahayse FL 3230 &	Ĺ
. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:	
Name of New Registered Agent:  New Registered Office Address:  1350 Malan Day Tall FL 3230 f  Enter Florida street address	
Tallaba (Con Florida 32308	

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

Zip Code

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
CEO	Blumer Mutaga	1350 Malan Drive, Unit B-4, Tall PL 3	□ Add L 30 }- □ Remove
			Change
<del></del>			
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
		<del></del>	□Change
			🖸 Add
			□ Remove
		·	□Change
			□Add
			□Remove
			Channa

. If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
·	
_	
(If an effect Note: If	e date, if other than the date of filing:
the record s cord is filed	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 L.
Dated	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member  Typed or printed name of signee
	BLYMER MUTAN LA  Typed or printed name of signee

Filing Fee: \$25.00