L23000164177

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: BL	K Technologies Name en Lim	ited Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Bryan Ca	Name of Person	
		Firm/Company	
	in Sli Anne	la Do	
	105/1 1horm	Address	
		Flocidu 341ab City/State and Zip Code	:
	E mail address : t	to be used for future annual report notif	Tanti an
For further information co	oncerning this matter, please of	•	. :3
0			, 12
Byan Co	Person	at (<u>541)</u> 310 70	524 : Telephone Number
J			· Vetephi de Admirei
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	f X \$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:		Street Address: Registration Sec	rtion
Registration Section Division of Corporations		Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee 2 Street, Suite 810
Tallahassee, FL 32314		ZHIO IN, MICHIOL	- oucer our oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Co	mpany as it now appears on our records.)					
(A Florida Lim	ompany as it now appears on our records.) ited Liability Company)					
The Articles of Organization for this Limited Liability Comp	pany were filed on $04/03/2023$ and assigned					
Florida document number <u>L23000104177.</u>						
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	Jability Company," the designation "LLC" or the abbreviation "L,L,C,"					
Enter new principal offices address, if applicable:	<u></u>					
(Principal office address MUST BE A STREET ADDRESS	<u> </u>					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered off	ice 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 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>	<u>Name</u>	Address	Type of Action
Mar	Bryun Crowder	10511 thomberry dr	= Add
	U	10511 thomberry dr Springhill Ploida 34608	□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated June 14th