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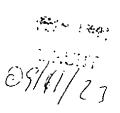
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COVER LETTER

FO: Registration Section Division of Corporations				•	14.	*			
	- I		en Timepieces LLC						
SUBJEC	↓1: <u> </u>	Name of Limited Liability Company							
			mendment and fee(s) are sub	-					
			Peter van Es						
				Name of Person					
			Blanckenhagen LLC						
				Firm/Company					
			748 Muirfield Cir						
				Address					
			Atlantis, FL 33462						
			info@blanckenhagen.com	City/State and Zip Code					
			E-mail address: (to be used for future annual	report notification)				
or furth	er infe	ormation con	cerning this matter, please ca	all:					
Peter van Es					3-7972				
		Name of P	Person	at () Area Code	Daytime Teleph	ione Number			
Enclosed	lisac	heck for the	following amount:						
□ \$25.0	00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	<u>Maili</u>	ng Address:		Street A	ddress:				

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

Blanckenhagen Timepieces 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 April 18, 2023 and assigned Horida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Blanckenhagen LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) 3. 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: Enter Florida street address

iew Registered Agent's Signature, if changing Registered Agent:

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 ompany has been notified in writing of this change.

City

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> Fitle</u>	<u>Name</u>	Address	Type of Action
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te: If the date inser	ter than the date of filing detection the date must be specific an steed in this block does not late on the Department of	meet the applicable	ate of filing or more the statutory filing req	(optional) an 90 days after filing.) P uirements, this date w	ursuant to 605,020 ill not be listed a
ecord specifies a del s filed.	ayed effective date, but no	ot an effective time,	at 12:01 a.m. on th	e earlier of: (b) The 9	90th day after the
		2023			
ted	September 3rd	·			