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COVER LETTER

TO: Registration So Division of Cou			
SUBJECT: _	Vozfuez Bli	ondz LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		_	
	Erit	Vozfuez Name of Person	
	<u>Vozfuez</u>	Blendz L Firm/Company	LC
	710>	, macoompany	
	3153	Nu 47 S+	
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	Μ¢	omit LS	5142
	, ,	City/State and Zip Code	•
	E-mail address:	City/State and Zip Code 221 D g mai to be used for future annual repo	notification)
For further information c	oncerning this matter, please ca	all;	
	Vozfvec	at (<u>33/42</u>)	786 338 3965
Name o	f Person	Afea Code - E	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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**

Voztuez Bi	lendz LLC	
(Name of the Limi	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I	iability Company were filed on May 16 ZOZ	3 and assigned
Florida document number 🛴 🕽 🔾 🔾 🔾 🔾 🗸	5987	
This amendment is submitted to amend the foll	towing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>
		29/
	·	الديا در ا
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	ROV)	1
		- P
		Ę.
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office address on our records, <u>enter the na</u> ess here:	ime of the new registered
Name of New Registered Agent:	VOZTUCZ Erit 3153 NW 475+ Enter Florida street address	
New Registered Office Address:	SS NW 475+ Enter Florida street address	
		3314Z Zip Code
None Description of America Streets on the description (Designation of America	

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 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>Title</u>	Name	Address	Type of Action
AMBR	Erit Voztuez	3153 NW 475+ Miomi, FL33142	thadd
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			ClChange
			EJRemove
			[] Change
			CJAdd
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fective date, if other than the date n effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depar	does not meet the applicable	late of filing or more than 90 days.	after filing.) Pursuant to 605.020
ecord specifies a delayed effective da is filed.	ite, but not an effective time,	, at 12:01 a.m. on the earlier o	f: (b) The 90th day after th
$\frac{7/7/2023}{\frac{6}{\text{Sign}}}$	<u>) </u>		
6	to		
	nature of a member or authorize		

Filing Fee: \$25.00