

L23000313902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

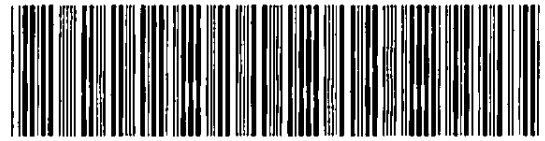
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 AUG -4 AM 11:27

FILED
AUG 4 2023
11:27 AM
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN
LANSING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLASCORP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRMA DE MEZZOGORI
Name of Person

Firm/Company

416 NE 23rd Ave
Address

CAPE CORAL FL- 33909
City/State and Zip Code

irmamezzogori@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRMA DE MEZZOGORI at 678 6304738
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

BLASCORP 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 06/30/2023 and assigned Florida document number L23000313902.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EMPRESITE, 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:

5300 NW 85TH AVE, DORAL, FL 33166

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

416 NE 23rd Ave , Cape Coral Florida 33909

(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:

Irma de Mezzogori

New Registered Office Address:

416 NE 23rd Ave .

Enter Florida street address

Cape Coral

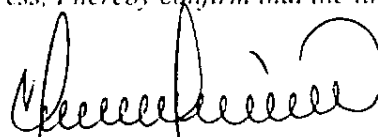
Florida 33909

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 Changing Registered Agent, Signature of New Registered Agent

2023 AUG - 4 AM 11:27
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DEEPAWATI
STATE OF FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	IRMA MEZZOGORI	16 NE 23rd Ave . Cape Coral Florida 33909	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERTO BLASCO	5300 NW 85TH AVEDORAL, FL 33166	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2023 AUG -4 AM 11:27

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 AUGUST 01, 2023

Signature of a member or authorized representative of a member

Irma de Mezzogori

Typed or printed name of signee

Filing Fee: \$25.00