(33 600 418245

(Re	questor's Name)	
	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Name	2)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	



3-19-24 01032-008 \$25.00



TO: Registration Section Division of Corporations

SUBJECT: JBLANCO SOLUTIONS 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:

JEIKAR BLANCO

Name of Person

JBLANCO SOLUTIONS LLC

Firm/Company

1231 AMBASSADOR DR APT 217

Address

CELEBRATION, FLORIDA, 34747

City/State and Zip Code BLANCODISPATCHSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

786

at (

For further information concerning this matter, please call:

JEIKAR BLANCO

Name of Person

Area Code

6786907

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)

2024 MAR 19 AM 9: 4

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

Daytime Telephone Number

DMENT IZATION <u>Suppears on our records.</u>) mpany) t on 03/15/2024 and assigned	:d
y appears on our records.) npany)	:d
y appears on our records.) npany)	:d
v appears on our records.) npany)	:d
v appears on our records.) npany)	:d
	ed.
1 on and assigne	:d
any here:	
RATION. FL 34747	
	<u>f</u> i
· -	C
r	
iy Vi	

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	, F	lorida

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	Name	Address	Type of Action
MGR	NAYALI LABRADOR	1231 AMBASSADOR DR. APT 217. CELEBRATION, FL 34747	🖬 Add
			🗆 Remove
			□Change
			🗆 Add
	<u> </u>		
			Change
			🗆 Add
			DRemove
			Change
			🗆 Add
		·······	□Change
			🗆 Add
			🗆 Remove
			□Change

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

-			
-			
-		·	
-			
		~~~~	
	•	<u>1</u> 024	
		2024 MAR 1 9	"
		<u> </u>	
		AM	M
		· 14	O
		<u> </u>	
		····	
	03/15/2024		
E. Effec	tive date, if other than the date of filing:	suant to 605	.0207 (3)(b)
Note:	: If the date inserted in this block does not meet the applicable statutory fiting requirements, this date with	not be liste	ed as the
docur	ment's effective date on the Department of State's records.		
16.1	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after	the
record is f	filed.		
Dated	<u>March 15</u> <u>2024</u> <u>Acikar Blanco</u> <u>Signature of a method representative of a member</u>		
	deikar Blanco		
	Signature of a methorized representative of a member		
	JEIKAR BALNCO		

Typed or printed name of signee

Filing Fee: \$25.00