## L23000425414

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ade                    | dress)            |           |
| (Add                    | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu:                    | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |

Office Use Only



300441413953

2024 DEC 30 PH I2: 04

TED

2924 DEC 30 FH 2: 10

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/30/2024

NAME: THE BLAS BROTHERS HOME SERVICES LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   |   |   |
|--|---|---|---|
| SUBJECT: The B                           | las Brothers How                          | TE SEVVICES LIC   |   |
| The enclosed Articles of A               | Amendment and fec(s) are sub              | omitted for filing.   |   |
| Please return all correspon              | ndence concerning this matter             | to the following:   |   |
|  | <u> Gregorio A</u>                        | Name of Person  |   |
|  |   | Firm/Company  |   |
|  | 1100 SW 4H                                | AVE Apt. 9A.  | <del></del>   |
|  | Delray Beach                              | FL 33444<br>City/State and Zip Code                                 | · · · · · · · · · · · · · · · · · · ·   |
|  | E-mail address: (                         | to be used for future annual report noti                            | fication)   |
| For further information co               | ncerning this matter, please c            | all:  |   |
| Gregorio Agu<br>Name of                  | irre Blas<br>Person                       | at ( <u>5(e)</u> ) <u>584-3</u><br>Area Code Daytim                 | e Telephone Number  |
| Enclosed is a check for the              | following amount:                         |   |   |
| SZ \$25.00 Filing Fee                    | S30.00 Filing Fcc & 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) |
| Mulling Addrage                          |   | Stront Additions  |   |

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

FILED

| The Blas Brothers Horne  | Q amaic                           | 11/2                              | 2024 DEC 30                                  | PM 12: 05         |
|--|-----------------------------------|-----------------------------------|--|-------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited  | any as it now appe                | ars on our record                 |  |                   |
|  |                                   |                                   | MELANASSEE                                   | FLORIDA           |
| The Articles of Organization for this Limited Liability Company  | y were filed on _                 | 09/12/20                          | 23 and as                                    | signed            |
| Florida document number <u>L 23000425474</u> .   |                                   |                                   |  |                   |
| This amendment is submitted to amend the following:  |                                   |                                   |  |                   |
| A. If amending name, enter the new name of the limited liab  | oility company l                  | nere:                             |  |                   |
| Alu  |                                   |                                   |  |                   |
| The new name must be distinguishable and contain the words "Limited Liabi  | ility Company," the               | designation "LLC                  | " or the abbreviation "L                     | .IC."             |
| Enter new principal offices address, if applicable:  | <u>NIA</u>                        | <u></u>                           |  |                   |
| (Principal office address MUST BE A STREET ADDRESS)  |                                   |                                   |  |                   |
|  |                                   |                                   |  |                   |
|  | . 1                               |                                   |  |                   |
| Enter new mailing address, if applicable:  | NIA                               |                                   |  |                   |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                   |                                   |  | <del></del>       |
|  |                                   |                                   |  |                   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our                    | records, enter                    | the name of the new                          | v registered      |
| agent and/or the new registered office address nere:   |                                   |                                   |  |                   |
| Name of New Registered Agent: N/A  |                                   |                                   | <u></u>                                      |                   |
| New Registered Office Address:   |                                   |                                   |  |                   |
|  | Enter Flo                         | orida street address              | -  |                   |
|  |                                   | , Flo                             | orida  |                   |
|  | City                              |                                   | Zip Code                                     |                   |
| New Registered Agent's Signature, if changing Registered Agent:  | ,                                 |                                   |  |                   |
| I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance op<br>provided for in | f my duties, an<br>Chapter 605, 1 | d I am familiar wii<br>F.S. Or, if this docu | h and<br>iment is |
|  |                                   |                                   |  |                   |
|  |                                   |                                   |  |                   |

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         | Mario A. Aguirre Blas | 1100 SW 4th Ave Apt 9A | [V]Add                            |
|              |                       | Delray Beach, Fl 33444 | Remove                            |
|              |                       |                        |                                   |
|              |                       |                        | □Add                              |
|              |                       |                        | □Remove                           |
|              |                       |                        | Change                            |
|              |                       | <del></del>            | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|              |                       |                        | □Remove                           |
|              |                       |                        | □ Change                          |
| <u>.</u>     |                       |                        | DAdd                              |
|              |                       |                        | Remove                            |
|              |                       |                        | □Change                           |
|              |                       |                        | 🗆 Add                             |
|              |                       |                        | []Remove                          |
|              |                       |                        | □Change                           |
|              |                       |                        | □Add                              |
|              |                       |                        | □Remove                           |
|              |                       |                        | □Change                           |

| NiA   |   |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | 217. 217. 217. 217. 217. 217. 217. 217.   |
|   | •   |
|   | AHAS  |
|   | m -   |
|   | PH 12: 0  |
|   |   |
|   | 7   |
|   |   |
|   |   |
|   |   |
| tive date, if other than the date of filing:  | (optional)  |
| fective date is listed, the date must be specific and cannot be prior to date of<br>If the date inserted in this block does not meet the applicable stat- | f filing or more than 90 days after filing.) Pursuant to 605<br>utory filing requirements, this date will not be list |
| ment's effective date on the Department of State's records.   |   |
| rd specifies a delayed effective date, but not an effective time, at 12   | Title to the continue of the The took day after   |
| iled.   | 2.01 a.m. on the earner of: (6) The 90th day afte   |
|   |   |
| Signature of a member or authorized rep   |   |
| <i>t.</i>   |   |
| A Gregoria Denin Die  | <u>.</u>  |

Filing Fee: \$25.00