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COVER LETTER

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SURJECT	1						
oo lobe t	Name of Limited Liability Company						
The enclos	BLOW FOR A CAUSE, LLC Name of Limited Liability Company selected Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Donald H. Benson, Esq.						
Please retu	nı all correspon	dence concerning this matter	to the following:				
		Donald H. Benson, Esq.					
	BLOW FOR A CAUSE, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Donald H. Benson, Esq.						
		la East Coast, P.L.					
			Firm/Company				
BLOW FOR A CAUSE, LLC Name of Limited Liability Company							
		Address					
		Fort Lauderdale, FL 33312	2				
			City/State and Zip Code				
		· · · · ·					
		·	•	cation)			
For further	information cor	ncerning this matter, please ca	all:	·			
Donald H.	Benson, Esq.						
	Name of	Person		Telephone Number			
Enclosed is	a check for the	following amount:					
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
				ion			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 HOV -3 PM 3: 50

BLOW FOR A CAUSE, 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 I	Liability Compan	y were filed on 10/30/2023	and assigned
Florida document number 1.23000494415	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.J.,C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
			**
D ve Brod vo v	•		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our records, enter the	ne name of the new registered
Name of New Registered Agent:	<u>N/A</u>		
New Registered Office Address:			
		Enter Florida street address	
		, Flor	
		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 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>	Address	Type of Action
MGR	Kathy Freeman	2515 SW 30th Terrace	□Add
		Fort Lauderdale, Fl. 33312	□Remove
			■ Change
MGR	Kathleen Freeman	2515 SW 30th Terrace	□Add
		Fort Lauderdale, FL 33312	□Remove
			☐ Change
			□Add
			□Remove
			□Change
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an effect ote: I	ve date, if other than the date of filing:
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ited_	November 2 2023
	Signature of a member or authorized representative of a member
	Kathleen Freeman

Filing Fee: \$25.00