## L23000544963

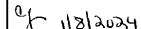
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

<b>F</b>					
	istration Sect ision of Corpo	orations ···			
, CUD IECT.	BLEPO HOR	IZON HOLDINGS LLC	·		•
SUBJECT:		Name of Limit	led Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter to	o the following:		
		Shameen Miller			
			Name of Person		
			Firm/Company		
		1720 Harrison St, Apt 16A			
			Address		
		Hollywood, FL, 33020			
			City/State and Zip Code		
		blepohorizonholdingsllc@gr	mail.com o be used for future annual rep	ort notification)	<del></del>
For further is	nformation cor	ncerning this matter, please ca		or nonnection)	
Shameen M		•	305 904-0	)541	
	Name of I	Person		Daytime Telepho	ne Number
Enclosed is	a check for the	following amount:			
<b>■ \$</b> 25.00 l	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLEPO HORIZON HOLDINGS LLC		FFS 18 71 7: 24
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000544963</u>	y were filed on 12/08/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registe
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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>	Name	Address	Type of Action
AMBR	Shameen Miller	1720 Harrison St, Apt 16A	<b>=</b> Add
		Hollywood, FL	□Remove
		33020	□Change
			□Remove
			Change
			□Remove
<del></del>			□Add
			□Removc
			Change
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			□Remove
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neffective 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 603.020 stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.  The ecord 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 is filed.		
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