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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	porations			
SUBJECT:	BL Agency	LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Ja	nelle Gabay Name of Person		
		Name of Person B L Agency L Firm/Company	LC.	
	6	Mangrove Pt		
	(0 0	Address		
	St Peter B	each, FL 33706		
	E-mail address:	each FL 33706 City/State and Zip Code E & better benefits, to be used for future annual report notifications.	life Tration	
For further information co	encerning this matter, please co		,	
Jake 1	Sabay	at (777) 348 - Area Code Daytim	6459	
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Enclosed is a check for the	e following amount:		SECHLE TALL	n
□ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (sensitived In Copy (sensitived In Copy (sensitived In Copy (sensitived In Copy (sensitive In Copy (se	
Mailing Address	:	Street Address:	[1
Registration S	ection	Registration Sec		
Division of Co	orporations	Division of Cor	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>February 01, 2027</u> and assigned Florida document number <u>L24000073636</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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:
(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 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: Jake Gabay
New Registered Office Address:
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 health.

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> Address Type of Action <u>Name</u> Jason Gabay M6R _____ □Add 6 Mangrove Pt, St Pet Beach, FL 33,706 Kemove ____ 🗆 Change MGR Jarelle Gabay 6 Margrove Pt, St Pele Beach, FL 3376 MADE _____ Change □Add _____ □ Remove __ 🗆 Add Remove _____ Change

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