L24000357303

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PICK-UP WAIT MAIL
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COVER LETTER

	gistration Se vision of Cor				
emprer.	Blank Inves	stment LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Blank, Joshua A.			
			Name of Person		
		Blank Investment LLC			
			Firm/Company		
	6998 Immokalee Road				
			Address		
		Keystone Heights FL, 326	56		
		jbinvestments3066@gmail.	City/State and Zip Code com		
		E-mail address: (to be used for future annual report notification	22	
For further	information co	oncerning this matter, please c	all:		
Blank, Josh	ua A		904 679-9082 at ()	1 1	
	Name of	f Person		phone Number	
Enclosed is	a check for th	ne following amount:		<u>မှာ</u> မှာ	
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

Blank Investment LLC		
(Name of the Limited Lia (A Fic	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 08/14/24	and assigned
Florida document number 1.24000357303	·	
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		77.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1 . ,
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		ب الله الله الله الله الله الله الله الل
B. If amending the registered agent and/or registe agent and/or the new registered office address her		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	Florida 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Blank, Jeremy C.	6998 Immokalee Road, Keystone Heights FL, 32656	□Ađd
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			= Change
			□Add
			□Remove
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cord s file		effective date, but	t not an effective (time, at 12:01 a.	m. on the earlier of:	(b) The 90th day aff	ter the
	November 12th		2024	·			
ed _							
ed _	_ Low	Signature	of a member or auth	Barized representa	tive of a member		

. . . .

Filing Fee: \$25.00