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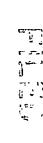
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COVER LETTER

TO:		istration Sec ision of Cor					
SUBJE	CT:	BLIZARD	O SERVICES LLC				
		Name of Limited Liability Company					
Dear Si	or N	fadam:					
The enc	losed	Statement	of Correction and fee(s) a	ire submitted for filin	ų.		
Please r	cturn	all correspo	ondence concerning this r	natter to the followin	g:		
JULY 1	.OPE	Z / BENJA	MIN LIZARDO				
			Name of Person		-		
			Finn/Company		-		
1644 A	NNA	CATHERI	• •				
			Address		_		
ORLA:	SDO.	FL 32828					
		Ci	ity/State and Zip Code		-		
	`	ngmuil.com					
t-	mail	address: Ito	be used for future annual	report notification)			
For furt!	her in	formation c	oncerning this matter, ple	case call:			
JULY	OPE	Z		646 at (527-2516		
		Name o	f Person	Area Code	Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Section Corporations 17		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclose	d is a	check for	the following amount:				
□525 F	iling	Fec	S30 Filing Fee & Certificate of Status	■\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy		
CR2E06	52 (9)	(15)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		tion 605,0209, F.S., this document is being submi				
FIRST	: The na	ame of the limited liability company is:) SERVICES LLC			
		, , ,	-			
SECO.	<u>ND:</u>	The Florida Document number of the limited lia	bility company is: 1.24000413882			
THIR	2:	Document to be corrected is:				
	£	CHECK THE APPROPRIATE BOX AND CO				
•		ns an incorrect statement. The incorrect statemen ent are as follows:	t, the reason the statement is incorrect, and the corrected			
	The ac	ddress (city) is incorrect originally was filed as 4632	Redfish Ct, Orlando FL 32712			
	the co	rrect one should be 4632 Redfish Ct, Apopka FL 327	12			
	<u>OR</u>					
0	Was defectively signed. The manner in which the document was defectively signed and the appropriate c as follows:					
	as ione	ows.				
	<u>OR</u>					
o	The el-	ectronic transmission of the report was defeguive.	, ,			
		Beignin dizanto	10/12/2024			
	—–(Signature of Authorized Representative	Date			
Signate	ire of Be	9	eting the registered agent, the new registered agent must sign			
		esignation).	ering the regimered agent, the new regimered agent main sign			
New R	egistere	d Agent's Signature, if changing Registered Agent				
			act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the			
obligat	ions of i	ny position as registered agent as provided for in-	Chapter 605, F.S. Or, if this document is being filed to merely that the limited liability company has been notified in writing			
	change.		The the time and the time of time of the time of time of the time of the time of t			
		- Peyaule	dizaulo			
		Registered Ag	ent's Eignature			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			

CR2E062 (9/15)