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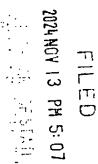
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer. J. HORNE	
	DEC - 9 2024	
	_	

Office Use Only



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COVER LETTER

Division of Cor				
SUBJECT:B	Ubble Blort Name of Lim	power was	hing	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing		
	indence concerning this matter	-		
r rease return an correspo	indence concerning this matter	to the following.		
	Tati	Lanu faular Name of Person	1	
		Firm/Company		
			1 CUID orve #9	o y
	Bus	City/State and Zip Code ble R/ast Nou	De Imail cons	
For further information c	E-mail address: (oncerning this matter, please c		fication)	
Tat Les o	n Person Parlay	at (<u>301)</u> 993 Area Code Daytim	2-9202 e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	··	Straat Addrace		

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

Butoble	Blast Pou	er washing
	oility Company as it now appears on cida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 42 4000 43	Company were filed on <u>10</u> 9076	-14-24 and assigned
This amendment is submitted to amend the following:		30
A. If amending name, enter the new name of the li	mited liability company here:	35.07
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	<u> </u>	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet address
		, Florida
	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 Title Name Address Type of Action Aventura Fl 33180 OChange _____ 🗆 🗸 🗆 🗸 🗆 Add _____ □Remove _____ Change _____ □Add _____ □Change _______ □ Add _____ □Remove _____ □Change ______ □Add ____ □Remove

_____ Change

**	
 .	
ective	date, if other than the date of filing: (optional)
reffecti <u>te:</u> If 1	ve 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
cord s s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	11-5-29
	Signature of a member or authorized representative of a member
	11-5-29 Tatface factory A ovon factor Sugnature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00