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TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corpo	orations		
	BLOM TRA	DING LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		JANNESSY ESPANOLA		
		,	Name of Person	
		BLOM TRADING LLC		
			Firm/Company	
		335 DREADNAUGHT C	r	
			Address	**
		TALLAHASSEE, FL 323	12	
		<u> </u>	City/State and Zip Code	
		jannessy0220@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation co	ncerning this matter, please ca	all:	
JANNESSY	Y ESPANOLA		850 3703093 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 l		■ \$30.00 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)
	ailing Address egistration S		<u>Street Address:</u> Registration Sc	ection
	ivision of Co		Division of Co	rporations
	O. Box 6327	•	The Centre of	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	_
The Articles of Organization for this Limited Liability Comp.	pany were filed on OCTOBER 14, 2024 and a	assigned
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	·	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>sy</u>	F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the </u>	new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Co	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change
			□Remove
			□Change

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Effective	date, if other than the date of filing: (optional) 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 605.0207
ran errect Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
documen	's effective date on the Department of State's records.
record s	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
d is filed	
	Oct. 21, 2024.
Dated	
Dated	
Dated	Signature of a meanity or authorized representative of a member

Typed or printed name of signee