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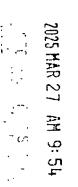
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

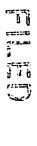




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COVER LETTER

TO: Registration S Division of Co			
	IASTERS LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	CHRISTINE WAX		
Name of Person			
	BLASTMASTERS LLC		. 25
Firm/Compa		Firm/Company	
	13218 61ST LANE N		#R 2
	·	Address	
	WEST PALM BEACH, F	L 33412	2025 HAR 27 AH 9: 55
		City/State and Zip Code	
	TCCNWAX@BELLSOUT	H.NET to be used for future annual report noti	fication)
For further information	concerning this matter, please c	·	incurrent,
CHRISTINE WAX		561 644-4678	
Name of Person		at () Area Code Daytim	c Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 Second Division of Coron The Centre of Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLASTMASTERS LLC (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 $\frac{MARCH\ 13,\ 2025}{MARCH\ 13,\ 2025}$ and assigned Florida document number L25000124446 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) ÷ CJ. 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: TODD WAX Name of New Registered Agent: 13218 61ST LANE N New Registered Office Address: Enter Florida street 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 liability company has been notified in writing of this change.

WEST PALM BEACH

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>	<u>Name</u>	Address	Type of Action
MGR	TODD WAX	13218 61ST LANE N	⊟ Add
		WEST PALM BEACH, FL 33412	□Remove
			□Change
			□Add
			□ Remove
			DAdd A
			© Remove S
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			Change
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			□Remove □Change