

L97000000259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

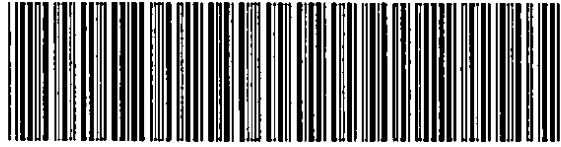
(Business Entity Name)

(Document Number)

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2019 MAR -6 PM 12:15
MAR 16 2019

Handwritten signature

MAR 16 2019
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blazer Limited LC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Wilson
Name of Person

Blazer Limited LC
Firm/Company

P.O. Box 169
Address

St. Augustine FL 32055-0169
City/State and Zip Code

jsinclair@jackwilson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamie Sinclair at (904) 797-4567 ext. 1011
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Blazer Limited, L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SEAL
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 2/26/1997 and assigned
Florida document number L97000000259.

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)

107 Herons Nest Lane

St. Augustine FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

107 Herons Nest Lane

St. Augustine FL 32080

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:

Name of New Registered Agent:

Brian Wilson

New Registered Office Address:

107 Herons Nest Lane

Enter Florida street address


St. Augustine
City

Florida 32080

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Brian Wilson	107 Herons Nest Lane	<input checked="" type="checkbox"/> Add
		St. Augustine FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michelle Wilson	107 Herons Nest Lane	<input checked="" type="checkbox"/> Add
		St. Augustine FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John E. Wilson Jr	2255 U.S. 1 South	<input type="checkbox"/> Add
		St. Augustine FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Geraldine Y. Wilson	2255 U.S. 1 South	<input type="checkbox"/> Add
		St. Augustine FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Brian Wilson
Signature of a member or authorized representative of a member

Typed or printed name of signee