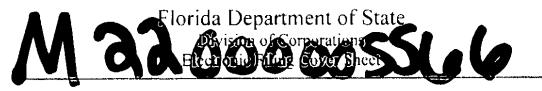
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Division of Corporations



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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed) 1. Name of limited liability Company as it appears on the records of the Florida Department of Blip Blip, LLC State: Enter new principal office 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) 2. The Florida document number of this limited liability company is: \_\_\_\_M22000005566 3. Jurisdiction of its organization: \_\_\_ 4. Date authorized to do business in Florida: \_\_\_\_April 11, 2022 SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company." "L.L.C." or "LLC.") 6. If amending the registered agent and/or registered officer 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: New Registered Office Address: \_\_\_\_ Enter Florida Street Address City

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

Page 3 of 3

If the amendi	ment changes person, title or capac	ity in accordance with 605.0902(1)(e), indicate the	at change:
le/ Capacity	Name	Address	Type of Actio
ee eside <u>nt</u>	Alex Fredrik Georges	701 Brickell Avenue, Suite 300	Ճ∧dd
		Miami, FL 33131	□Rem
			□Rem
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	/s/ Patrick	C. Emans	

Filing Fee: \$25.00