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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: MONTBLANC LI	LC	
	BER: P23000023256		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	GRECIA BLANCO SEJAS		
	MONTBLANC	Name of Contact Person	1
		Firm/ Company	
	6053 N 10TH AVE APT 240		
		Address	
	GREENACRES, FL 33463		
		City/ State and Zip Cod	e
	blaneograce23@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	· ·
GRECIA BLANCO S	SEJAS	56 i	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations In the control of Tallahassee In Monroe Street, Suite 810 Issee, FL 32303

Articles of Amendment to Articles of Incorporation of

(ONTRA INCLES	of		
ONTBLANC LLC	al . El . d ish sh . El .	ide Deat of State)	
(Name of Corporation as curr	ently filed with the Flor	ida Dept. of State)	
23000023256	er of Corporation (if kno	un)	
·	•		
rsuant to the provisions of section 607.1006, Florida Statutes, t Articles of Incorporation:	his Florida Profit Corpo	oration adopts the following amendment(
If amending name, enter the new name of the corporation	<u>:</u>		
ONTBLANC INC		The new	
me must be distinguishable and contain the word "corporation, nc.," or Co.," or the designation "Corp," "Inc," or "Co" hartered," "professional association," or the abbreviation "P	. A professional corpo	porated" or the abbreviation "Corp.," pration name must contain the word	
Enter new principal office address, if applicable:	N/A	F ****	
rincipal office address MUST BE A STREET ADDRESS		3	
		الموسود المراجعة الم مصدود المراجعة المرا	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	to to the second	
		: 22	
If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		r the name of the	
Name of New Registered Agent N/A			
. (Florid	a street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	

Signature of New Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) N/A Change	N/A	N/A	N/A
Add			
Remove 3) N/A Change	N/A	N/A	N/A
Add			
Remove N/A Change	N/A	N/A	N/A
Add			
Remove 5) N/A Change	N/A	N/A	N/A
Add			
Remove			
6) N/A Change	N/A	N/A	N/A
Add			
Remove			

– (Aπach ∂	i <mark>ding or adding a</mark> additional sheets.			ge(s) nere:			
I/A							
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. <u>If an an</u>	nendment provid	des for an exch	ange, reclassifi	cation, or canc	ellation of issue	d shares.	
provisi (if	ions for impleme not applicable, in	nting the ame ndicate N/A)	nament 11 not c	ontained in the	amenament its	<u>eir:</u>	
I/A							
				•	<u></u>		
	_						
							

	N/A	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
-	5/05/2023	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date value because of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
bv N/A		
oy	(voting group)	
05/03/20. Dated	23	
Signature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver; trustee, or other court inted fiduciary by that fiduciary)	
	GRECIA BLANCO SEJAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	