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(Re	equestor's Name)	
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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO:

то:	Registration S Division of Co			
SUBJE	CCT:	Blue	Gemini LLC	
		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Candace Velasquez	· · ·
			Name of Person	
			Blue Gemini LLC	
			Firm/Company	
13624 Summer Rain Dr				
			Address	
			Orlando, FL 32828	
		ovols	City/State and Zip Code	
		E-mail address: (asquez@bluegemini.com to be used for future annual report no	tification)
For fur	ther information (concerning this matter, please o	call:	
	Cano	lace Velasquez	at (_407_)	310-9948
	Name o	of Person	Area Code & Dayti	me Telephone Number
Enclose	ed is a check for t	he following amount:		
√ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section	STREET/COUI Registration Sect Division of Corp	
		lox 6327	Clifton Building 2661 Executive (Tallahassee, FL	Center Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Gemini				
(Name of the Limited Liability Company a (A Florida Limited Liabil	it now appea lity Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company wer	e filed on	22 Oct 2007	and ass	igned
Florida document numberL07000107364				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company her	<u>re</u> :		
Blue Gemini Rea	Ity LLC			
The new name must be distinguishable and end with the words "Limited I "L.L.C."	Liability Comp	any," the designation "L	LC" or the a	bbreviation
Enter new principal offices address, if applicable:		_		
(Principal office address MUST BE A STREET ADDRESS)				
- The type office was 1905 1 DE 71 STREET 1 DE 11 DE 1			90	38
_			- 3	是被
Enter new mailing address, if applicable:			30	
(Mailing address MAY BE A POST OFFICE BOX)			P	16 A B
-			**	A S
			03	36
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on	our records, <u>enter tl</u>	<u>he name o</u>	f the new
Name of New Registered Agent:		***		
New Registered Office Address:				
	Er	ter Florida street addi	ress	
		, Florida		
. Ci	ity		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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager of Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
	·		Add Remove	
			Add Remove	
			Add Remove	
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_	
_			_	
	27 0.42.20		_ _	
Dated	27 Oct 2019, Signature of a member	or authorized representative of a member		
	_	·		
	Tyned o	ndace Velasquez	······································	

Page 2 of 2

Filing Fee: \$25.00