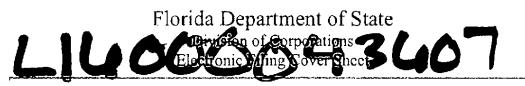
8/15/22, 11:07 AM

Division of Corporations



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE INTERNATIONAL GROUP, LLC

Certificate of Status	0
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AUG 1 6 2022



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE INTERNATIONAL GROUP, LLC	
(Name of the Limited Liability Comp (A Plorida Limited	any as if now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 03/02/2016 and assigned
Florida document number Li6000043607	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Llab	
Enter new principal offices address, if applicable:	8750 NW 3651 # 250
(Principal office address MUST BE A STREET ADDRESS)	8750 NW 36 St # 250 PORA/ F/ 33178
	AUG X
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Salar Sa
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Lecia Maria Delmonte
New Registered Office Address: 8750	NW 36 St #250 Enter Florida street address  Ona / Florida33/78 City Zip Code
	Ona / Florida 33/78
	City 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

□ Change

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Lucrecia Maria Del Monte	8750 NW 36 ST STE 250	□Add
		DORAL, FL 33178	□ Remove
			<b>⊞</b> Change
			□Add
			□Remove
			[]Change
			DbAd
			□ Remaye
			Change
			LJRemove
			Change
			DAdd
			⊡ Remove
			□Change
			□Add
			LIRemove

LUCRECIA MARIA DEL MONTE

D. If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<del></del> -	
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Note: 1	re date, if other than the date of filing:
	e of adoption is: March 12, 2020
if the record record is file	specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	
	Signature of a member or authorized representative of a member