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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE NIGHT OWL, LLC

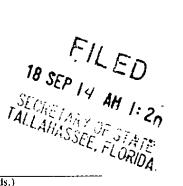
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## ARTICLES OF AMENDMENT ' TO ARTICLES OF ORGANIZATION OF



BLUE NIGHT OWL LLC

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

The Articles of Organization for this Limited Liability Comp. Florida document number <u>L16000112778</u>	pany were fil	ed on <u>06/06/20</u>	16	and assigned
Florida document number L10000112770				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability con	npany here:		
The new name must be distinguishable and contain the words "Limited I	Liability Comp	any," the designation	"LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u></u>			
Enter your mailing address if applicables		•		
Enter new mailing address, if applicable:				<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		-		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		dress on our ro		ie name of the new
			Elorida	
<del></del>	Ciry			Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete perfori 1 as provide	nance of my duti I for in Chapter	ies, and Lam far 605, F.S. Or, if	miliar with and "this document is
īr	Changing Re	istered Agent, Sign	nature of New Regi	stered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	WEIZENECKER, TIM	8264 WILD OAKS WAY	□ Add
		LARGO, FL 33733	✓ Remove
			☐ Change
MGR	Nick Janovsky	3030 N Rocky Point Dr	<b>D</b> Add
		STE 150A	□ Remove
		Tampa FL 33607	Change
			☐ Remove
			TABCARSEP T
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ective date, if other than effective date is listed, the date: If the date inserted in the	e must be specific vis block does no	and cannot be prion of meet the appli	cable statutory fi	more than 90 days a	ptional) fler filing.) Pursuant to 605.02 this date will not be listed
ument's effective date on	ne Department o	or State's record:	i.		
record specifies a del he 90th day after the	ayed effective record is file	e date, but n ed.	ot an effectiv	e time, at 12:0	1 a.m. on the earlier
Septembe	r 14	2018	· ·		
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