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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp	porations	,	
SUBJECT: Bluc	house . 3 Blue Name of Limi	house Jr LL ited Liability Company	<u>C</u>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Carnal Say		^
	DIOCIOLO 3 P	Sjuehouse or 110 Firm/Company	
	11107 SW 200	3/184-1974-217-5 Address	1
		City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
For further information co	oncerning this matter, please ca	all:	
Carral Seymon	OUY# Person	at (980) 234 3 Area Code Daytim	H 39 ne Telephone Number
Enclosed is a check for th	e 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bluchouse 3 13 14 thouse	e IIC	2021 JUH - 3 AM 6: 52
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	uui vecorus.)
The Articles of Organization for this Limited Liability Company Florida document number <u>しみ)ののりゅうろ</u> .	were filed on	8/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11107 Sw Cutter	201) Str Apt 217 Bay F1 33157
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BUX	924025 ad Fl 33092
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	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 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

<u>Title</u>	<u>Name</u>	Address JUN -3 AH 6: 52	Type of Action
<u>Ambı</u>	Carnal Seymour III	11107 SW 200 Street 217	ØAdd
		Prcutter Bay 33157	□Remove
			/Z/Change
Ambr	Tameisha Stephenson	11107 SW 200 SWEET 217	ØAdd
		Cutter Bay F/ 33157	□Remove
			ØChange
			□Add
			□Remove
			□Change
			□Remove
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an effective lote: If the	date is listed, to date inserted	than the da he date must be d in this block e on the Depa	specific and does not m	cannot be price the appli	r to date of f cable statut	iling or more			iling.) Pursu	
record spe l is filed.	cifies a delay	ed effective d	ate, but not	an effective	time, at 12:	01 a.m. on	the carl	ier of: (b)	The 90th	day after the
	Nam	24	,	2021						
ated	J of Occi			nember or ant	<u> </u>	-1/				