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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:			
CINATE	MUULESS.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE FLAME INSTALLMENTS LLC

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K. SALY

MAR - 2 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED, 2022 HAR-I PH 5: 22
MILLAHASSEE FLORIDA

BLUE FLAME INSTALLMENTS 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 Li	ability Company	were filed on 01/01/22	2 and assigned	
Florida document number L21000531448	<u> </u>			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	7901 4th St N		
(Principal office address MUST BE A STREE		STE 6536		
		St. Petersburg F	L 33702	
Enter new mailing address, if applicable:		7901 4th St N		
(Mailing address MAY BE A POST OFFICE BOX)		STE 6536		
		St. Petersburg F	L 33702	
B. If amending the registered agent and/or r agent and/or the new registered office address Name of New Registered Agent:	ss here:	address on our records, <u>e</u> t Registered Agent		
New Registered Office Address:	7901 4th	St N STE 300		
New Registered Office Address.	Enter Florida street address			
	St. Peters	burg	Florida 33702	
		City	Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:	<u>.</u>		

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.

Tow Glove
If Changing Registered Agent, Signature of New Registered 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>	<u>Name</u>	Address	Type of Action
AP	Arhyns Rosier	7901 4th St N	X iAdd
		SUITE 6536	□Remove
		St. Petersburg FL 33702	Change
			□Ađd
			□Remove
			□Change
			□Add
			Remove
			Change Add Property Control Change
			⊞ Change" □ Add
			Remove
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Effective date, if other than that fan effective date is listed, the date is Note: If the date inserted in this document's effective date on the	ne date of filing:nust be specific and cannot be prior to dat block does not meet the applicable s Department of State's records.	op e of filing or more than 90 days af statutory filing requirements, t	ctional) ter filing.) Pursuant to 605.0207 (I his date will not be listed as th
record specifies a delayed effect d is filed.	tive date, but not an effective time, a	t 12:01 a.m. on the earlier of:	(b) The 90th day after the
03/01	2022		
Zaicti			
Market Ma	\wedge		