L23000035585

(Re	questor's Name)	
(Ad	dress)	
		
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO:

TO: Registration Se Division of Cor		
BLUE WIS	SE CONSULTE	NGLLC
SUBJECT:		Name of Limited Liability Company
The enclosed Articles of	Amendment and	d fee(s) are submitted for filing.
Please return all correspo	ndence concern	this matter to the following:
	KELLY W	ISNESS-SEMCHEE
		Name of Person
	BLUE WIS	SE CONSULTING LLC
	11449 MO	Firm/Company TSERRAT DRIVE
		Address
	VENICE, I	11. 34293
	KWISNESS	City/State and Zip Code 6@GMAIL.COM
		II-mail address: (to be used for future annual report notification)
For further information c	oncerning this n	matter, please call:
KELLY WISNESS-SEN		314 805-3113 at ()
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for I	ne following am	nount:
S25.00 Filing Fee	■ \$30.00 Fi Certifica	iling Fee & S55.00 Filing Fee & S60.00 Filing Fee, are of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	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

BLUE WISE CONSULTING LIC

(<u>Name of the Limited Liability (</u> ! (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con	npany were filed on JANUARY 19, 2023 and assigned
Florida document number, 1.23000035585	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	f Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	55)
	-
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registared Office Address.	Enter Florida street address
	D
	Florida City Zip Code
New Registered Agentis Signature, if changing Registered A	
1;	
provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen	d agree to act in this capacity. I further agree to comply with plete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document in office address, I hereby confirm that the limited liability
'	f Changing Registered Agent, Signature of New Registered Agent

or removed f MGR = Ma	rom our records:	authorized to ma	nage, <u>enter the title, name, and address o</u>	feach person being added
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	KELLY WISNESS-	SEMCHEE	11449 MONTSERRAT DRIVE	
		. '	VENICE, FL 34293	□Remove
				□ Change
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D. If ame	nding any	 other informati 	on, ent	ter change(s) here: (Attach additional sheets, if necessary.)
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				02/02/2023
E. Effective (If an effe	ve date, if o	other than the disted, the date must	ate of	filing: (optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
Note: docume	If the date in ent's effectiv	serted in this blocked	k¦does artmen	filing: (optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 not meet the applicable statutory filing requirements, this date will not be listed to f State's records.
If the record	l specifies a	delayed effective	date, bu	it not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
			, <u> </u> 	· ·
Dated _	JUNE 16		1	2023
		100	1	
			ignature	of a member or authorized representative of a member
	KELLY	WISNESS-SEM	; GHEE	
		1	. 1	
				Typed or printed name of signee