

12/20/21, 3:38 PM

Division of Corporations

L15000089256

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE ORIGIN FLORIDA, LLC**

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE ORIGIN FLORIDA, LLC

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

From: Lexus Wingo
2021 DEC 20 PM 3:21
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/20/2015 and assigned
Florida document number L15000089256.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

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It 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>	<u>Address</u>	<u>Type of Action</u>
Authorized Signor	Nancy Newell	8082 Space Commerce Way	<input type="checkbox"/> Add
		Merrit Island, FL 32953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Signor	Nicole Walters	8082 Space Commerce Way	<input checked="" type="checkbox"/> Add
		Merrit Island, FL 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Assistant Secretary	Audrey Powers	8082 Space Commerce Way	<input type="checkbox"/> Add
		Merrit Island, FL 32953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Signor	Andrew Nadel	8082 Space Commerce Way	<input checked="" type="checkbox"/> Add
		Merrit Island, FL 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Signor	Scott Henderson	8082 Space Commerce Way	<input checked="" type="checkbox"/> Add
		Merrit Island, FL 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Assistant Treasurer	Eric Sallee	8082 Space Commerce Way	<input type="checkbox"/> Add
		Merrit Island, FL 32953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>	<u>Address</u>	<u>Type of Action</u>
<u>Controller</u>	<u>Erik Sallee</u>	<u>8082 Space Commerce Way</u>	<input type="checkbox"/> Add
		<u>Merrit Island, FL 32953</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Assistant Secretary</u>	<u>Jordan Snow</u>	<u>8082 Space Commerce Way</u>	<input checked="" type="checkbox"/> Add
		<u>Merrit Island, FL 32953</u>	
		<u></u>	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
<u></u>	<u></u>	<u></u>	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/29/2021 | 2:59 PM PST

DocuSigned by:

Nicole Walters

— 05人1820年: 9月17日

Signature of a member or authorized representative of a member

Nicole Walters

Typed or printed name of signee

FILED
2021 DEC 20 PM 3:21
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00