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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC.
Account Number : 120190000044
Phone : (407)888-3131
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2023

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE BAY CHARTER LLC

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COVER LETTER

TO:			i,	
Stip te	BLUE BAY	Y CHARTER LLC		
SUBJE	· · · · · · · · · · · · · · · · · · ·	Name of Lin	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspo	endence concerning this matter	to the following:	
		ED KOTLER		
	BLUE BAY CHARTER LLC Same of Limited Liability Company			
		TAX ZONE INC		
			Firm/Company	
		8865 COMMODITY CIR		
			Address	and a defense and another the New York and the Second Seco
		ORLANDO, FL 32819		
			City/State and Zip Code	
BLUE BAY CHARTER LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ED KOTLER Name of Person TAX ZONE INC Firm/Company 8865 COMMODITY CIR STE 4 Address ORLANDO, FL 32819 City/State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please cull: ED KOTLER Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: [] \$25.00 Filing Fee] \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed)				
		Fmail address; (to be used for future annual repo-	t notification)
For furt	her information c	oncerning this matter, please co	ull:	
ED KO	TLER		407 888-31	31
	Nате о	f Person	Area Code D	aytime Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres	<u>s:</u>	Street Addre	<u>ss:</u>

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

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 BAY CHARTER LLC					
(Name of the Lite	Ited Liability Comp. (A Florida Limited	any as it now appears on our records.) Linbility Company)		-	
The Articles of Organization for this Limited I	Liability Company	were filed on 04/05/2021	and	assigned	
Florida document number L21000157863	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited linb	ollity company here:			
0295 BUILDER LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation	"L.L.C."	
Enter new principal offices address, if appli	cable:	304 E PINE ST #1338			
(Principal office address MUST BE A STREET ADDRESS)		LAKELAND, FL 33801			
Enter new mailing address, if applicable:		304 E PINE ST #1338			
(Muiling address MAY BE A POST OFFICE BOX)		LAKELAND, FL 33801			
B. If amending the registered agent and/or agent and/or the new registered office addressed agent. Name of New Registered Agent:	~	address on our records, <u>cuter the</u>	name of the	300	
	304 PINE ST #	1378	- 0	7 7	
New Registered Office Address:	JOT 1 1,1L D 1 P	Enter Florida street address			
	LAKELAND	, Florid	a 3380j ∃	z	
		Сиу	Zip Cei Cu	ა	
New Registered Agent's Signature, if changing	Registered Agent:		U	n	

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.

To: , Page: 7 of 8 2023-02-24 16:29:05 GMT 18884530509 From: Tax Zone

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 = Munager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SALAS, CESAR	304 PINE ST #1338	☐ Add
		LAKELAND, FL 33801	
			≅Change
MGR	CUDEMO, TEHANIZ	304 PINE ST #1338	
		LAKELAND, FL 33801	□Remove
			⊞ Change
			□Add
			☐ Change
partings distributed and the second second			bbA□
			□Remove
			□ Change
			DAdd
			□ Remove
			Change
			□Add
			□Remove
			(~) (~) h

E. Effective date, if other than the date of filling: (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 605.00 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	207 (3)(as the
f 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 ecord is filed.	he
Dated <u>Feb 9-4</u> . <u>0023</u>	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Filing Fee: \$25.00