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(Requestor's Nam	ne)
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#### **COVER LETTER**

	Registration Sc Division of Cor			
SUBJEC	BLUE TOO	O, LLC		
NO INTIC		Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		MARITZA TELESKY		
			Name of Person	<del> </del>
		MICHAEL L KEIBER, P.	Α.	
			Firm/Company	
		2557 US HWY 27 SOUT	гн	
			Address	
		SEBRING, FL 33870		
		HOMEMADECREATION	City/State and Zip Code  @YAHOO.COM	
			to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please ca	all:	
RONAL	D S. WIRRIES		863 381-9425 at()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■ \$</b> 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:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed onand assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2 1818 0 198
	<b>→ 1</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	29 1945 1945
Enter new mailing address, if applicable:	<b>PR</b> (80)
Mailing address MAY BE A POST OFFICE BOX)	2:
	0 0
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
	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

## 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

Title	Name	Address	Type of Action
MGR	Ronald S. Wirries	4120 US Hwy 27 North	
		Sebring, FL 33875	☐ Remove
			Change
MGR	ROBERT, MCDARBY J	4120 US 27 N	
		SEBRING, FL 33870	■ Remove
			Change
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	ies a delayed effect ter the record is fil		ot an effective	time, at 12:01 a	.m. on the earli
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6/1	9/10. 1	2018			
· 0 /1	1/16/	<del></del>			
	In no	5 //	1M -		

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Typed or printed name of signee

Filing Fee: \$25.00