

209000061799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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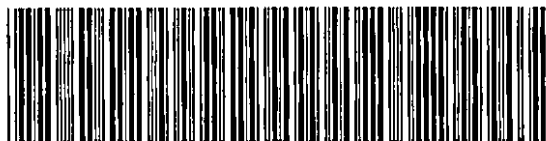
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 20 AM 10:12

N COOPER

AUG 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE STREAK, LLC

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:

Diana Halley

Name of Person

Blue Streak, LLC

Firm/Company

8200 NW 41st Street, Suite 318

Address

Doral, FL 33166

City/State and Zip Code

dhalley@bluestreakllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Halley

305

436-0157

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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:

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**

BLUE STREAK, 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 Liability Company were filed on June 25, 2009 and assigned
Florida document number L09000061799.

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:

JESSE CANGIANO

New Registered Office Address:

8200 NW 41st STR, SUITE 318

Enter Florida street address

DORAL

City

, Florida 33166

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	DAVID HARRIS	8200 NW 41 STR, STE 318	<input type="checkbox"/> Add
		DORAL, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	CHARLSE S. WEEKS	8200 NW 41 STR, STE 318	<input type="checkbox"/> Add
		DORAL, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	WILLIAM B. MORIARTY, III	8200 NW 41 STR, STE 318	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	JESSE CANGIANO	8200 NW 41 STR, STE 318	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	STEPHEN BERNSTEIN	8200 NW 41 STR, STE 318	<input type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 AUG 20 AM 10:12

18 AUG 20 AM 10:12

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.

Dated August 7th, 2018

Benjamin H. Walker, Jr.

Page 3 of 3

Filing Fee: \$25.00



A Turnkey Telecommunications Contractor

Norma Figueroa

Accounting Manager

12595 SW 137 AVE

Suite 312

Miami, FL 33186

Office: 305.251.9820

Cell: 786.477.2329

normafigueroa@ccuco.com

WWW.CCUCO.COM

8/17/18

Please file two Amendments
attached.

- CCU, LLC
- Blue Streak, LLC

Thank You,

Deana Holley

Ph. 305-251-9820