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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



09/20/22--01009--011 **25.00

COVER LETTER

TO: Registration S- Division of Co			
BLUEASE SUBJECT:	d GROUP, LLC		
SUBJECT.	Name of Lin	nited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Andrew Sherrod		
	-	Name of Person	
	BlueAsh Group, LLC		
		Firm/Company	
	3116 La Reserve Drive		전 연 2
		Address	
	Ponte Vedra Beach, FL 32	2082	22 SEP 20 AM 9: 06
		City/State and Zip Code	06
	andrew@blueashgroup.com		
		to be used for future annual report not	fication)
For further information c	concerning this matter, please c	ali;	
Andrew Sherrod		904 803-1156	
Name c	of Person		c Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	allahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUEASH GROUP, 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 $\frac{09/17/2009}{1}$ __ and assigned Florida document number 1.09000089897 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3116 La Reserve Dr. Enter new mailing address, if applicable: Ponte Vedra Beach, FL 32082 (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:

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.

City

Enter Florida street address

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>	Address	Type of Action
MR	CHARLES MCDANIEL		
		PO Box 442 Orchard Hill, GA 30266	
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3116 La Reserve Drive, Ponte Vedra Beach, FL 32082		
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etive date, if other than the date of filing:	(optional)	•
frective date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing recoment's effective date on the Department of State's records.	tan 90 days after filing.) Pursuant to 6 puirements, this date will not be li	sted
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th	e earlier of: (b) The 90th day af	ter t
September 16 2022		
1 depended to		

Typed or printed name of signee