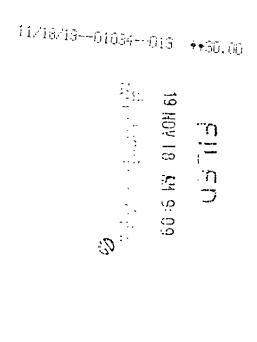
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COVER LETTER

Division of Co			
Wolverin	ne Risk, LLC		
SUBJECT:			
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Ernest Petrone		
		Name of Person	
Name of Person Blue Vue, LLC Firm/Company 150 E Robinson Street Unit 2602 Address Orlando, FL 32801 City/State and Zip Code Sabre3639@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathy Petrone 407 493-1748 Name of Person Name of Person Name of Person Name of Person Name of Person			
		Firm/Company	
	150 E Robinson Street U	nit 2602	
	Name of Limited Liability Company Articles of Amendment and fec(s) are submitted for filling. It correspondence concerning this matter to the following: Ernest Petrone Name of Person Blue Vue, LLC Firm/Company 150 E Robinson Street Unit 2602 Address Orlando, FL 32801 City/State and Zip Code Sabre3639@aol.com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: 407 493-1748 at (
	Orlando, FL 32801		
	Sabre3639@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	ication)
for further information of	oncerning this matter, please c	all:	
Kathy Petrone		407 493-1748	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for d	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fcc & 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

Wolverine Risk, LLC			
(<u>Name of the Limited Liabil</u> (A Flond	ity Company as it now appears on our r la Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u> Blue Vue, LLC	nited liability company here:		
he new name must be distinguishable and contain the words "Lin	nited Liability Company." the designation	"LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)	≥\$ <i>a</i>	
		- :	
Inter new mailing address, if applicable:		* , - •	œ ∵ <u>"</u> "
Mailing address MAY BE A POST OFFICE BOX)			¥ ,-,
	 	7-, 7	- 9
	·	· · · · · · · · · · · · · · · · · · ·	- 20
 If amending the registered agent and/or regis egistered agent and/or the new registered office add 	stered office address on our rec ress here:	ords, enter the	name of the
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Florida street ac	ddress	
	Cin	, Florida	
	City	Zi	p 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>	Address	Type of Action
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			PAdd Remove
			Change Add
			G Add
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an effec	e date, if other than the date is listed, the date is listed, the date in this the date in this date.	must be specific at	nd cannot be prior	to date of filing able statutory f	or more than 90 da iling requiremen	iys after filing.) Pi	uswant to Il not be	605.020 listed a
ocumen	it's effective date on the	e Department of	State's records					
e reco	rd specifies a dela	ved effective	date, but no	t an effectiv	re time, at 12	2:01 a.m. on	the e	arlier (
	Oth day after the				, e,			
	November 12		2019					

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee