110000115231

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

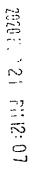
Office Use Only



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02/21/26--01018--015 **25.00

R. WHITE MAR 1 3 2020



COVER LETTER

D: Registration S Division of Co				
	k Does, LLC			
)BJECT:	Name of Lin	ited Liability Company		
ne enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
ease return all corresp	ondence concerning this matter	to the following:		
	Sam Gendusa			
	 	Name of Person		
	Blue Streak Docs, LLC			
Firm/Company				
1255 Cleveland Street Suite 300				
		Address		
	Clearwater, FL 33756			
	Sam Children track to a con	City/State and Zip Code		
	SamG@bluestreakdocs.com E-mail address: (to be used for future annual report notific	cation	
or further information	concerning this matter, please c	all:		
am Gendusa		727 542-0458		
Name	of Person	at () Area Code Daytime	Telephone Number	
sclosed 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)	
Muiling Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL;	orations illahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim				
	ited Liability Company (A Florida Limited Lia	y as it now appears on our re- ibility Company)		
		• •	2020 FI D 2 I	11112
e Articles of Organization for this Limited I	Liability Company w	ere filed on 11/04/2010	and assigned	
orida document number L10000115231	,			
is amendment is submitted to amend the fol	llowing:			
If amending name, enter the new name	of the limited liabili	ty company here:		
new name must be distinguishable and contain the	words "Limited Liabilit	v Company," the designation "	LLC" or the abbreviation "L.L.C."	
•				
ter new principal offices address, if appli	icable:			
rincipal office address MUST BE A STRE	ET ADDRESS)			
ter new mailing address, if applicable:				
ailing address MAY BE A POST OFFICE	F ROX)			
	3 20 27 7			
If amending the registered upont and/or	revistered office ad	ldress on our records, en	iter the name of the new registered	ı
		ldress on our records, <u>en</u>	ter the name of the new registered	!
		ldress on our records, <u>en</u>	iter the name of the new registered	!
ent and/or the new registered office addr		ldress on our records, <u>er</u>	iter the name of the new registered	!
	ess here:		iter the name of the new registered	!
ent and/or the new registered office addr		Street Suite 300		!
ent and/or the new registered office addro	ess here:	itreet Suite 300 Enter Florida street ad	ldress	!
Name of New Registered Agent:	ess here:	itreet Suite 300 Enter Florida street ad	ldress	!
Name of New Registered Agent:	ess here: 1255 Cleveland S	itreet Suite 300 Enter Florida street ad		!
Name of New Registered Office address: New Registered Office Address:	1255 Cleveland S	itreet Suite 300 Enter Florida street ad	ldress	!
ent and/or the new registered office addro Name of New Registered Agent: New Registered Office Address: w Registered Agent's Signature, if changing	ess here: 1255 Cleveland S Clearwater Registered Agent:	Enter Florida street aa Cuy	dress , Florida ³³⁷⁵⁵ Zip Code	!
Name of New Registered office address: New Registered Office Address: When Registered Office Address: When Registered Office Address: When Registered Office Address:	1255 Cleveland S Clearwater Registered Agent: red agent and agree	Enter Florida street and Cuy To act in this capacity:	dress Florida ³³⁷⁵⁵ Zip Code I further agree to comply with the	!
Name of New Registered office address: New Registered Office Address: We Registered Office Address: We Registered Signature, if changing thereby accept the appointment as register ovisions of all statutes relative to the propositions.	1255 Cleveland S Clearwater Registered Agent: red agent and agree oper and complete p	Enter Florida street and Cuy to act in this capacity, erformance of my duties	dress , Florida ³³⁷⁵⁵ Zip Code I further agree to comply with the ; and I am familiar with and	!
	1255 Cleveland S Clearwater Registered Agent: red agent and agree per and complete p gistered agent as pre- registered office a	Enter Florida street and Cuy to act in this capacity, erformance of my duties ovided for in Chapter 6	dress Florida 33755 Zip Code I further agree to comply with the spend I am familiar with and 95, F.S. Or, if this document is	!

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager

MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
			□Remove
			□Change
		<u> </u>	
			□Remove
			□ Change
		\	□Add
			□Remove
		\	□Change
			□Add
			DRemove
			☐ Change
			□Add
			□Remove
			□Change
			☐Add
			□Remove
			□Change

Sam Gendusa - Managing Me	mber	· ·	
Blue Streak Docs, LLC			
1255 Cleveland Street Suite 3	00		
Clearwater, Ft. 33755			
Joy Gendusa - Managing Men	nber		
Blue Streak Docs, LLC			
1255 Cleveland Street Suite 3	00		
Clearwater, FL 33755			
	t be specific and cannot be prior to dock does not meet the applicable	(optional) late of filing or more than 90 days after filing.) Purs e statutory filing requirements, this date will i	
ord specifies a delayed effective filed.	date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th	h day after t
1 02/17	2020		

Filing Fee: \$25.00

Typed or printed name of signee