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COVER LETTER

SUBJECT:			ited Liability Company	
The enclosed Ar		Name of Limi	ited Liability Company	
	tialog J. C			
Please return all	actes of A	mendment and fee(s) are sub-	mitted for filing.	
	correspon	dence concerning this matter t	to the following:	
		MARTTIKALKAS		
			Name of Person	
		KALKAS BUSINESS SEI	RVICES	
			Firm/Company	
		245 SE 1ST ST STE 225		
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		MJKALKAS@BELLSOUT		
		E-mail address: (4	to be used for future annual report notifi-	cation)
For further infor	mation co	ncerning this matter, please ca	ılf;	
MARTTIKAL	KAS		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	e following amount:		
■ \$25,00 Filin	g fce	□ \$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

(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on our r lability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number 1.120000092746	Liability Company	were filed on 07/17/2012	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name</u> :	of the limited liabi	lity company here:	
BLUE 7 INVESTMENTS LLC The new name must be distinguishable and contain the			建 品 也
Enter new principal offices address, if appli (Principal office address MUST BE A STRE) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	icable: <i>ET ADDRESS)</i> E <i>BOX)</i> I/or_registered_off	fice address on our rec	
Name of New Registered Agent:	MARTTIKALI	CAS	
New Registered Office Address:	245 SE 1ST ST	STE 225	
		Enter Florida street a	ddress
	MIAMI		, Florida <u>33131</u>
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

BLUE 7 LLC

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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_____ Change

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The 90th day after the record is filed.	m, on the earlier o
Dated DECEMBER 11TH 2017	
11 j. A	
Signature of a member or authorized representative of a member	
arguatore of a memoer of authorized representative of a member	

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Filing Fee: \$25.00