

L13000077707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

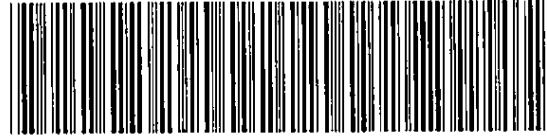
(Business Entity Name)

(Document Number)

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U.S. DEPT. OF JUSTICE  
FBI - TAMPA

K SALLY  
OCT 11 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLUECLIP III, 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:

AZUREDE ROSS

\_\_\_\_\_  
Name of Person

MERIDIAN PARTNERS LAW P.A.

\_\_\_\_\_  
Firm/Company

4923 W. CYPRESS STREET

\_\_\_\_\_  
Address

TAMPA, FL 33607

\_\_\_\_\_  
City/State and Zip Code

AZUREDE@MERIDIANPARTNERSLAW.COM

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

For further information concerning this matter, please call:

AZUREDE ROSS

813 443-5260  
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**

BLUECLIP III, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

19 OCT 10 PM 6:57  
TAMPA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/29/2013 and assigned  
Florida document number L13000077707

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)**

2901 W. BUSCH BLVD.

SUITE 901

TAMPA, FL 33618

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2901 W. BUSCH BLVD.

SUITE 901

TAMPA, FL 33618

**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:

BRYAN W. SYKES, ESQ.

New Registered Office Address:

4923 W. CYPRESS ST.

*Enter Florida street address*

TAMPA

*City*

Florida 33607

*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>
MGRM	RUSSELL BLUMENTHAL	701 S. HOWARD AVE.	<input type="checkbox"/> Add
		SUITE 106-434	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33606	<input type="checkbox"/> Change
MGR	JOSEPH A. KENNEDY	2901 W. BUSCH BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 901	<input type="checkbox"/> Remove
		TAMPA, FL 33618	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

19 OCT 10 PM 6:30  
FBI - MIAMI

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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 OCTOBER 10, 2019

Signature of a member or authorized representative of a member

FRAN W. STUBBS

Typed or printed name of signee