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(Requestor's Nan	ne)
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PICK-UP WAIT	MAIL
(Business Entity	Name)
(Buomoso Emily)	
(Document Numb	per)
Certified Copies Certification	ates of Status
	
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TO:	Registration Section Division of Corporation	Conviction		
SUBJE	cr: <u>Blue</u>	Sun. Consulting, LLC Name of Limited Liability Company		
The end	closed Articles of Amend	ment and fee(s) are submitted for filing.		
Please r	eturn all correspondence	concerning this matter to the following:	•	
		Shavon Wright Namle of Person		
	_	Blue Sun Consulting, LLC Firm/Company		
		186 22rd Ave N #2 Address	Z!	
	***********	St. Petersburg, FL 3370+ City/State and Zip Code	2014 FEB SECRET	
		havon learn wright a yahoo, com E-mail address: (to be) used for future annual report notification)	12 7	TFC
For fur	ther information concerni	ng this matter, please call:	PH 3 20 OF STATE E, FLORID	ŗ
	Sharou U Name of Person	at (20Le) 618 1933 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

AKTICLES OF OKGANIZATION OF

Blue Sun Consulting, L	-LC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
	Ceffective 141
The Articles of Organization for this Limited Liability Company v	were filed on $12/9/13$ and assigned
(Name of the Limited Liability Compan (A Florida Limited Li The Articles of Organization for this Limited Liability Company v Florida document number 1-13000 169 169.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Blue Sun Planning, LLC The new name must be distinguishable and end with the words "Limited Liabil	C. C. nd L WI C. at abbuilde "I I C."
The new name must be distinguishable and end with the words "Limited Liabil	
Enter new principal offices address, if applicable:	SAME Address as filed 186 22 rd Arc N #2
(Principal office address MUST BE A STREET ADDRESS)	Blo 22 red Are N #2
	St. Petersburg, FL 33704
Enter new mailing address, if applicable:	SAME AS FILED & Above
• • • • • • • • • • • • • • • • • • • •	04//10 /12 / 13 / 13 / 13 / 13 / 13 / 13 / 13
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
registered agent and/or the new registered onter gourtess nere	•
Name of New Registered Agent:	NIA
Name of New Registered Agent.	700
New Registered Office Address:	Enter Florida street address
	SS & CONTRACTOR OF THE CONTRAC
	City Florida Sip Code
N. B. J. M. M. Warder & Branch Brain Anna A	
New Registered Agent's Signature, if changing Registered Agent:	92 W D
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e to act in this capacity. I further agree, to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
	NA
1f Chan	ging Registered Agent, Signature of New Registered Agent

Page 1 of 3

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
		· 	☐ Remove
		·	Add
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Filing Fee: \$25.00