L14000011782

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COVER LETTER

то:	Registration Sec Division of Corp			
CUD 1E	BLU SLEE	P PRODUCTS LLC		
SUBJE	ul: <u> </u>	Name of Lin	nited Liability Company	····
		Amendment and fee(s) are sub	-	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Christopher D Hale, Esq.		
			Name of Person	
		Christopher D Hale PA		
			Firm/Company	
		633 Southeast Third Aven	uc, Suite 301	
			Address	
		Fort Lauderdale, FL 33301	l	
			City/State and Zip Code	·
For furth		elizabeth@bluslcepproducts	s.com to be used for future annual report notif	
For furth	ner information ed	oncerning this matter, please c	·	ication)
Christop	her D Hale		954 615-1677 at ()	
	Name of	Person		: Telephone Number
Enclosed	l is a check for th	c 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 22, 2014 ____ and assigned Florida document number L14000011782 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Christopher D Hale, Esq. Name of New Registered Agent: 633 Southeast Third Avenue, Suite 301 New Registered Office Address: Enter Florida street address Fort Lauderdale

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 = M AMBR = A	lanager uthorized Member	Address 21 JUN 11 PM 1: 40	
<u>Title</u>	Name	Address 21 JUN 11 PM 1:40	Type of Action
AMBR	Elisabetta Dell'Accio	1501 GREEN ROAD	≅ Add
		SUITE B	□Remove
		POMPANO BEACH, FL 33064	
			□Change
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	April 13,	2021		
Tective date, if other than	the date of filing:e must be specific and cannot be pr		(optional) an 90 days after filing.) Pursi	uant to 605.020
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seument's effective date off t	ne bepartment of state s recor	u o.		
	fective date, but not an effective	e time, at 12:01 a.m. on the	e carlier of: (b) The 90th	h day after the
is filed.				
ated April 13	2021			
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Typed or printed name of signee