

L14 0000 81310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

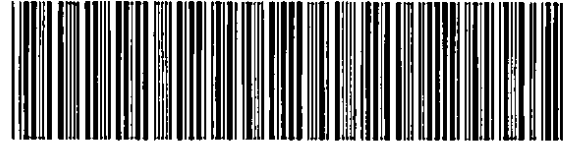
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG -3 AM 11:12

Amend

SEP 21 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Rain 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:

Lee. Banzie

Name of Person

Blue Rain LLC

Firm/Company

3853 Northdale Blvd #210

Address

Tampa FL 33624

City/State and Zip Code

SAME ON RECORD WITH YOU

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

For further information concerning this matter, please call:

Lee Banzie

Name of Person

at (813)

Area Code

413-4384

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 AUG - 3 AM 11:12

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Blue Rain LLC

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

20 AUG -3 AM 11:12
STATE OF FLORIDA
DEPARTMENT OF REVENUE

The Articles of Organization for this Limited Liability Company were filed on 5-20-2014 and assigned

Florida document number L14 000 081310

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

3853 Northdale Blvd #210
Tampa FL 33624

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3853 Northdale Blvd #210
Tampa FL 33624

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:

L Ganzie

New Registered Office Address:

3853 Northdale Blvd #210

Enter Florida street address

Tampa

City

Florida

33624

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.

L Ganzie

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>
<u>MGR</u>	<u>Lee Ganzle</u>	<u>3853 Northdale Blvd #210</u> <u>Tampa FL 33624</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>TTEE</u>	<u>L Trustee Slaughter</u>		<input type="checkbox"/> Add
		<u>3837 Northdale Blvd #210</u> <u>Tampa FL 33624</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated


7-28-2020

Lee Ganzie

Signature of a member or authorized representative of a member

Lee Ganzie

Typed or printed name of signee


Filing Fee: \$25.00