L14000194298

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COVER LETTER

. TO: * Registration Section

Division of Corporations			
SUBJECT: V J COYP	Orate 1) Name of Lin	NUEST MENTS LE	<u></u>
The enclosed Articles of Amendme	nt and fee(s) are sub	omitted for filing.	
Please return all correspondence co	ncerning this matter	to the following:	
	Ctorin D	Name of Person	
		Firm/Company	
140	1 SW 2	9th AVE Address	
Por	npano Bea	City/State and Zip Code	
<u> </u>	0/1ADISO E-mail address:	(to be used for disture annual report not	(fication)
For further information concerning	this matter, please c	rall:	
VICTOVIA DISORBO		at (<u>954) 549-</u>	7792
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for the following	g amount:		
-	00 Filing Fee & rificate 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 Corporation P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VJ (orporate	Investn	nents, LLC	
(Name of the Limite	d Liability Compan A Florida Limited L	y as it now appears on our records. iability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L14000194</u>	ability Company v		
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liabji	lity company here:	
Blue Stone ConStruction The new name must be distinguishable and contain the wo	ords "Limited Liabili	ocsign (71 wp LL ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica		0.0	
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:		nA	
(Mailing address MAY BE A POST OFFICE B	(OX)		
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	AA		
New Registered Office Address:	·		
New registered office y vidices.	Enter Florida street address		
		Flor	rida
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of	r and complete p tered agent as pi rgistered office o	performance of my duties, and rovided for in Chapter 605, F	l I am familiar with and .S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

f amendin or removed	g Authorized Person(s) authorized from our records:	orized to manage, <u>enter the title, name, and</u>	d address of each person being ad
MGR = MAMBR = A	Janager Authorized Member		
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove

□Change

D. If amend	ling any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effecti <u>Note:</u> If t	he date inserted in this	he date of filing:	5.0207 (3)(b) ted as the
If the record (b) The 90	d specifies a delay Ith day after the re	red effective date, but not an effective time, at 12:01 a.m. on the earli ecord is filed.	er of:
Dated <u>S</u>	cptember 2	2022.	
	Va	Dec	
	`	Signature of Amember or authorized representative of a member	
	Victo		
		Typed or printed name of signee	

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