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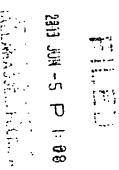
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(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bluestar Ove Development, LIC 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:
Gres Flowers Name of Person
(DBH) Authoric Real Estate Firm/Company
825 60K'U'I RW Street
City/State and Zip Code QUEST E Yahoo. Cau Sahail addition: (to be used for future annual repair notification)
For further information concerning this matter, please call:
Sveg FlowEPS at (831) 454-6846 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Bluestar One Development (CC)

(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	and assigned
Florida document number <u>L1500016 20</u> 5		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		parties.
Authentic Regi Estate	and Prop	erty Management,
The new name must be distinguishable and contain the words "Limited Liabil		· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	U/A - S	samé =
(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 of	₩ ~ So	records, enter the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:	4/A-San	e
New Registered Office Address:	Enter Florida str	reet address
		, Florida
	City	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
MGR MGR	() Grecory	R. Fi	owers	Add
	Ŭ		875 GOHUTEW St.	Remove
(soul)	e)	Orlando, Fc 32800	Change	
				🗀 Add
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			N IT	Change
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	<u> </u>
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	(optional) of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(atutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an the 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated 5/30 2019	
Signature of a member or authorized	
GVESCY P. Typed by printed name	TIOMER

Page 3 of 3

Filing Fee: \$25.00