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COVER LETTER

	Division of Cor			
CHDIEC		Solutions LLC		
SUBJEC	·1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Alberto Lucarelli		
			Name of Person	
		Bluestone Solutions LLC		
			Firm/Company	
		400 NE 12th ave, apt 803		
			Address	
		Hallandale, FL 33009		
		alucarelli@videotron.ca	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information c	oncerning this matter, please ca	all:	
Alberto l	Lucarelli		514 915-2514 at ()	Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

TO ARTICLES OF ORGANIZATION OF

Bluestone Solutions LLC (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 L15000063442 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 "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Gr., if his 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 Ag

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR .	LULIANI, LUIGI	49 RUE BELFORT	□ Add
		LORRAINE QUEBEC, XX J6Z2T	■ Remove
			Change
AMBR	DELLE DONNE, VINCE	400 NE 12 AVENUE, #803	□ Add
		HALLANDALE, FL 33009	■ Remove
			☐ Change
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		SS	
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an effective da Note: If the d	ate is listed, the date m late inserted in this l	ust be specific and block does not m	cannot be prior to neet the applical	odate of filing or models	ore than 90 days g requirements.	after filing.) Pt, this date wil	irsuant to c	isted as
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Septem Dated	berto Lucarelli	Signature of a r	Typed or printed	·	of a member	SECRETARY OF SALLAHASSEE. FI	21 - 1 P	TITO

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Filing Fee: \$25.00