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COVER_LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blaumagic Transport and Services, 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:
YVAQUITO PERICLES Name of Person
Bleumabic TRANSPORT And SERVices, lle
7073 NW 49Th CT
LAuderhill FL 33319 City State and Zip Code
my PERICLES @ Gmail. Com 1:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VAQUITO PERICLES at 1786 985 0556 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIEVMAGIC TRANSPORT A (Name of the Limited Liability Compa (A Florida Limited I	/ / /
The Articles of Organization for this Limited Liability Company Florida document number <u>L 150000 72284</u> .	were filed on $04/23/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab BLEUMAGIC COMMUNICATION The new name must be distinguishable and contain the words "Limited Liabil	Ity 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)	541 NE 33 rd cT POMPANO BCH FC 33064
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	541 NE 33 rd CT POMPANO BOL FC 33064
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	w.
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florida

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			
		□ Remove	
			☐ Change
			Remove
			Change

D. H-ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
C 1049.	ctive date, if other than the date of filing:
(lf an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the graph of the fective day after the record is filed.
Date	a 9/12/ 2019
	Signature of a member or authorized representative of a member
	<u>IVAQUITO PERICLES</u>

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Filing Fee: \$25.00