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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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FILED 15 MAY 26 PM 1: 04 SECRETARY OF STATE SECRETARY OF STATE

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T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 432 Blue Pd, 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:
Colin F. Bowe (Registered Agent)
1432 Blue Rd, UCC Firm/Company
255 Alhambra Circle #300 Address
Coral Gables FL 33134
Coral Gables FL 33134  City/State and Zip Code  Colin F Bowe @ gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Colin Gowe at (305) 975-3168  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate of St

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1432 Blue Rd	LLC
(Name of the Limited Liability ( (A Florida Lia	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	spany were filed on $\frac{5/7/15}{8}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words 'Limited Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)	ARET 26
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FE STATE A
B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:	red office address on our records, enter the name of the new is here:
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida City Zip Code
	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

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 **Title Address Type of Action** Name 1 Colin F. Bowe 255 Alhambra Circle #300 Coral Gables, FL 33134 □ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Change □ Add □ Remove \_□ Change

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 of filing or more than 90 days after filing.) Paramant to 605 0207 (Solgie If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated  Loan F. Bowe Registered Agent  Signature of a member or authorized/sprecentative of a member  Flower registered agent  Typed or printed analy of signee  Page 3 of 3  Filing Fee: \$25.00		' '	
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