

3/9/23 4:23 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L1500089256

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE ORIGIN FLORIDA, LLC**

| | |
|-----------------------|---------|
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2023 MAR - 9 PM 3:00

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Corporate Filing Menu

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11:10 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Origin Florida 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 5/20/2015 and assigned
Florida document number LL15000089256.

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 "LLC."

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

City, Florida

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-------------------|----------------|--------------------------|---|
| Authorized Signor | Isono, Sue | 8082 Space Commerce Way | <input type="checkbox"/> Add |
| | | Merritt Island, FL 32953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Authorized Signor | Deweese, James | 8082 Space Commerce Way | <input checked="" type="checkbox"/> Add |
| | | Merritt Island, FL 32953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Authorized Signor | Gleekel, Gerry | 8082 Space Commerce Way | <input checked="" type="checkbox"/> Add |
| | | Merritt Island, FL 32953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Authorized Signor | Nadel, Andrew | 8082 Space Commerce Way | <input checked="" type="checkbox"/> Add |
| | | Merritt Island, FL 32953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Authorized Signor | Ellola, Mike | 8082 Space Commerce Way | <input checked="" type="checkbox"/> Add |
| | | Merritt Island, FL 32953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Authorized Signor | Connell, Josh | 8082 Space Commerce Way | <input checked="" type="checkbox"/> Add |
| | | Merritt Island, FL 32953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
Blue Origin Florida LLC**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

ADD THE ADDITIONAL BELOW:

Title SECRETARY
Name WEBER, PAUL
Address 8082 SPACE COMMERCE WAY
City-State-Zip: MERRITT ISLAND FL 32953

Title PRESIDENT
Name SMITH, ROBERT H.
Address 8082 SPACE COMMERCE WAY
City-State-Zip: MERRITT ISLAND FL 32953

Title TREASURER
Name KNAPP, SUSAN
Address 8082 SPACE COMMERCE WAY
City-State-Zip: MERRITT ISLAND FL 32953

Title ASSISTANT SECRETARY
Name SNOW, JORDAN
Address 8052 SPACE COMMERCE WAY
City-State-Zip: MERRITT ISLAND FL 32953

