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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

4	•	COVERLETTER	
TO: Registration Se Division of Cor			
SUBJECT: Blue	2 Coast Pro	operty Groeited Liability Company	up, HC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Gina	Shields Name of Person	
		Property Green Print/Company	roup, LLC
	4546 3RD	Aue. No.	
	St. Petersh	Ouro FL 3 City/Stand and Zip Code	3913
	<u>ashlds</u> E-mail address: (c vahoo. Coy to be used for future annual rep	oort notification)
For further information c	oncerning this matter, please co	all:	
Gina S	Shields f Person	at (<u>727</u>) <u>L</u> Area Code	121-7670 Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

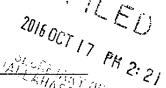
STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

NIA

If Changing Registered Agent, Signature of New Registered Agent

St. Petersburg, Florida 33713

or removed from our records: FILED MGR = ' Manager 2016 OCT 17 PM 2: 21 AMBR'= Authorized Member <u>Title</u> Na me <u>Address</u> Type of Action ii Add Remove Change Add Remove Change **■**Add Remove Change **E**Add Remove LilChange **□ Add** li Remove Change **⊞**Add Remove Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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fective date, if other than the date of fil n effective date is listed, the date must be specific	ling:(optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	ot meet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department of	of State's records.
record englishes a delayed offsetive	e date but not an effective time at 17,01 a.m. on the english of
The 90th day after the record is file	e date, but not an effective time, at 12:01 a.m. on the earlier of ed.
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ted Oct 13th	
-Hima V	of a member or authorized representative of a member
	

Page 3 of 3

Filing Fee: \$25.00