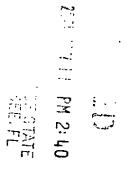
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PICK-UP	P MAIL MAIL
<u> </u>	(Business Entity Name)
=-	(Document Number)
Cartified Copies	Cartificator of Status
certified copies	
Special Instructions to	Filing Officer

Office Use Only









## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME Blue C	outdoor Solutions, LLC	·	
DOCUMENT NUMBER			
	**PLEASE FILE THE	E ATTACHED AND RETURN**	
	Plain Copy		
XXXXXXXXX	Certified Copy Certificate of Status		
			EEEE EEEE
	**PLEASE OBTAIN THE FU	OLLOWING FOR THE ABOVE ENTIT	7/** E E
	Certified Copy of Arts 8	E Amendments	
	Certified Copy of Arts 8 Certificate of Status	& Amendments Complete File (Including A	Annual Reports)
	• •	Hesting:	
	**APOSTILLE' / N	OTARIAL CERTIFICATION**	
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#### **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Division of C				
	tdoor Solutions, LLC			
SUBJECT:	Name of Limi	ted Liability Company	<del></del>	
	of Amendment and fee(s) are sub-			
Please return all corre	spondence concerning this matter	to the following:		
	Timothy Felts			
		Name of Person		
	Blue Outdoor Solutions, L.	LC		
		Firm/Company		
	6101 Cypress Hollow Way	,		:
		Address		
	Naples, FL 34109		(25 T) 1 (25 C) 60 T)	고 교
	ifelts@experienceblue.net	City/State and Zip Code	STATE	PH 2: 40
	E-mail address: (	to be used for future annual report notif	fication)	
For further informatic	on concerning this matter, please ca	all:		
Timothy Felts		239 290-2583		
Nan	ne of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for	or the following amount:			
1 \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is ea	itus &
<u>Mailing Ado</u> Registratio		Street Address: Registration Se	ction	
Division o	of Corporations	Division of Cor	porations	
P.O. Box (	6327	The Centre of T	. allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Outdoor Solutions, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)	
	ny were filed on June 5, 201	.5 a	nd assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  BLOS, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation and the submitted 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)  If amending the registered agent and/or registered office address on our records, enter the name of the			
(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 Library and assigned Florida document number Library Li			
BLOS, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	n "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		•	
			-:
		-	
Enter new mailing address, if annlicable:		· · · · · · · · · · · · · · · · · · ·	
• • • •		(7) (7) (7) (7)	p 4
	-	Meg :	V 1
	e address on our records, g	enter the name of th	ne new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida strect	address	
		Florida	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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record specifies a delayed ef The 90th day after the record		ut not an ef	fective time, a	at 12:01 a.i	n. on ti	ne earl	lier (
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