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COVER LETTER

	on Section f Corporations	
BLUF	ENATION, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.	
Please return all con	rrespondence concerning this matter to the following:	
	Francisco Rivero-Chiong	
	Name of Person	
	Bluenation, LLC	
	Firm/Company	
	14629 SW 104 ST 212	
	Address	72.78
	Miami Fl 33186	
	City/State and Zip Code	
	Friverochiong@hotmail.com	5)
For further informa	E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:	
Francisco Rivero-C	at ()	<u> </u>
N	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
□ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	te of Status &
R D P	AAILING ADDRESS: degistration Section Division of Corporations CO. Box 6327 Fallahassee, 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

Bluenation, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on July 13, 2015 and as	ssigned
Florida document number L15000119607		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "I	L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- 3	
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	٠ د ٢	;=:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
AZIMAN MINISTER TO BE TO THE BOTT		-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e of the
Name of New Registered Agent:		
New Registered Office Address:	Entery lorida street address	
	. Florida	
	City , Fiorida Zip Code	e
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre	ee to act in this canacity. I further garee to con	anlv witk

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Francisco Rivero-Chiong	14758 SW 143 ST Miami fl 33196	\ Add
			□ Remove
			☐ Change
	NA		Add
			□ Remove
			Change
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			— □ Remove
			Change
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	e date, if other than the date	te of filing:		(optional)	
Effectiv	tive date is listed, the date must be s			0 days after filing.) Pursuant to 60 ments, this date will not be lis	
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Typed or printed name of signee

Filing Fee: \$25.00