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| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL.       |
| (Bu                     | siness Entity Nar | ne)         |
|                         |                   |             |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | of Status   |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

| Divisior           | of Corp    | porations                                    |   |   |
|--------------------|------------|--|---|---|
| SUBJECT: BL        | UE REA     | L ESTATE HOLDINGS US.                        |   |   |
|                    |            | Name of Lam                                  | ited Liability Company  |   |
| The enclosed Art   | icles of A | Amendment and fee(s) are sub-                | mitted for filing.  |   |
| Please return all  | correspoi  | ndence concerning this matter                | to the following:   |   |
|                    |            | JOEL FRIEND                                  |   |   |
|                    |            |  | Name of Person  | <del></del>   |
|                    |            | JOEL FRIEND AND ASS                          | OCIATES, INC.   |   |
|                    |            |  | Firm/Company  |   |
|                    |            | 2863 EXECUTIVE PARK                          | DRIVE, SUITE 105  |   |
|                    |            |  | Address   |   |
|                    |            | WESTON, FLORIDA 333                          | 31  | •   |
|                    |            |  | City/State and Zip Code   |   |
|                    |            | JOEL@JOELFRIEND.COM  E-mail address: (9      | of be used for future annual report not                             | ification)  |
| For further inform | nation co  | oncerning this matter, please ca             | ·   |   |
| JOEL FRIEND        |            |  | 954 704-1040  |   |
| <u></u>            | Name of    | Person                                       | at ()<br>Area Code Daytin   | ne Telephone Number   |
| Enclosed is a che  | ck for the | c following amount:                          |   |   |
| □ \$25.00 Filing   | g Fee      | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                    |            | NG ADDRESS:                                  | STREET/COUR   |   |

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

Registration Section

TO:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### BLUE REAL ESTATE HOLDINGS US, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 09/03/2015 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned Florida document number  $\underline{L15000148964}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BLUE REAL ESTATE 18591, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C 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 mame 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

#### 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_. Florida \_

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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| (If an effective d<br>Note: If the | te, if other than the dat<br>date is listed, the date must be<br>date inserted in this block<br>effective date on the Depar | specific and cannot be does not meet the a | pplicable statutory | g or more than 90 day |                   |           |
| the record s                       | specifies a delayed ef<br>day after the record  |  | t not an effect     | ive time, at 12:      | 01 a.m. on the ea | rlier of: |
|                                    |   | 2019                                       |                     |                       |                   |           |
|                                    | APRIL 19  | · ·  | ·                   |                       |                   |           |
| ) The 90th                         | AR  | nature of a member or                      | ,                   |                       |                   | _         |

Page 3 of 3

Filing Fee: \$25.00