LISCOOTTZOTT

Office Use Only



200299463552

06/05/17--01010--001 **905.00



COVER LETTER

DIVI	sion of Corpe	Prations		
SUBJECT:	Blue Square l	Financial, LLC		
		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		Keathel Chauncey, Esq.		
			Name of Person	
		Fresh Legal Perspective, PI	L	
			Firm/Company	
		6930 W. Linebaugh Avenue	e	
			Address	
,		Tampa, FL 33625		
			City/State and Zip Code	
		Contact@BLTFL.com		
		E-mail address: (to	o be used for future annual report r	notification)
For further in	formation con	cerning this matter, please cal	11:	
Keathel Chau	ıncey, Esq.		813 448-1042 at ()	
	Name of P	erson	at () Area Code Day	time Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Blue Square Financial, LLC						
(Name of the Limited I	<u>Liability Compa</u> Florida Limited I	ny as it no Liability Co	w appears on ompany)	ur records.)		
The Articles of Organization for this Limited Liabi Florida document number £15000172077	lity Company	were file	d on 10/08/20	15	and as	ssigned
This amendment is submitted to amend the following	ng:					
A. If amending name, <u>enter the new name of th</u>	e limited liab	ility com	pany here:			
The new name must be distinguishable and contain the words	s "Limited Liabil	lity Compar	ıy," the designat	ion "LLC" or the	abbreviation "l	L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			. Linebaugh A	venue		
			Tampa, FL 33625			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	V)					
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of		ress on our	records, ente	r the name	of the nev
Name of New Registered Agent:	Fresh L	.esal	Pers pe	ctive, PL	ACC SCORE	17
New Registered Office Address: 6930 W. Lin			•			E
-	Tampa		mei i tortaa sirt		्राह्म-< 33625.⊊ ≅	State of the state
<u>-</u>		City		, Florida _	Zip Code	<u>E 374</u>
New Registered Agent's Signature, if changing Regi	stered Agent:				10 N	Samuel Company

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.

ff Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Remove

☐ Change

		-
		_
		_
		_
		_
	· · · · · · · · · · · · · · · · · · ·	
		—
		_
		_
	—! Preo	
		_
		_
	5 -5	A second
		Pirapa,
	100 H	A Se cales
	57 E	
fective date, if other than the date of filing:	(optional) g or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605.020 isted a
,		
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	ive time, at 12:01 a.m. on the ea	rlier (
ted June 7, 2017.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00