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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	BlueTek Pal	THEES LLC ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	N	licole Rahn Name of Person	
	Blu	NETER Partners Firm/Company	
		eston Rd. Suite	
	West	Hon, FL 33331	
	info@(E-mail address: (1	Fon, FL 33331 City/State and Zip Code blue tek Partners to be used for future annual report notifica	tion)
For further information cond	cerning this matter, please ca	ıll:	
Name of Po	 	at (954) 253 - Daytime T	1232 elephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing 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: 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

(Name of the Limited L (A I	jability Company as it now appears on our records.) lorida Limited Liability Company)
	amending name, enter the new name of the limited liability company here: v name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable:
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
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	e:
Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	AHAS
(Mailing address MAY BE A POST OFFICE BO.	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the never address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u>-</u>	, Florida
	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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicole Rohn		Add
		4581 Weston Rd. Suite 205 Weston, FL 33332	■ Remove
			Change
AMBR	Nicole Lowney	4581 Weston Rd. Suite 20 Weston, FL 33331	5 ■ Add
			□ Remove
			Change
			
			Remove
			Change
			SSE Add
			ESJ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Changa

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Filing Fee: \$25.00