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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Otty/State/Lipir Holle #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Learness Lively rection) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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TO:

| | Registration Se Division of Cor | | | | | | |
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| ento in c | | BLUE SAL LLC | | | | | |
| SUBJEC | | Name of Lim | ited Liability Company | | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please rei | turn all correspo | ndence concerning this matter | to the following: | | | | |
| | | TAREQ, ASEQUE | | | | | |
| | | | Name of Person | | | | |
| | | BLUE SAL LLC | | | | | |
| | | | Firm/Company | | | | |
| | | 5731 TUSCANY WAY | | | | | |
| | | | Address | ······································ | | | |
| | | TAMARAC, FL 33321 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | cold_101@hotmail.com | | | | | |
| | | | to be used for future annual report | t notification) | | | |
| For furth | er information c | oncerning this matter, please co | all: | | | | |
| ASEQUE TAREQ | | 954 557-142 at () | 21 | | | | |
| | Name o | f Person | Area Code Da | aytime Telephone Number | | | |
| Enclosed | is a check for th | ne following amount: | | | | | |
| \$25.0 | 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) | | | |
| | Registr Divisio P.O. Bo | ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314 | Registration S Division of Co Clifton Buildi | orporations | | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BLUE SAL LLC | | |
|--|--|-----------------------|
| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appears on our records. da Limited Liability Company) | .) |
| he Articles of Organization for this Limited Liability | Company were filed on 11/02/2015 | and assigned |
| lorida document number L15000185487 | , | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the lin | nited liability company here: | |
| ne new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" | _ ` |
| nter new principal offices address, if applicable: | | 19 (|
| <u>Principal office address MUST BE A STREET ADD</u> | DRESS) | <u> </u> |
| | | <u> </u> |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | 20 |
| | | · |
| . If amending the registered agent and/or reg egistered agent and/or the new registered office ad | | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | |
| | 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|-------------------------|----------------|
| Manag | mohammad, arif | 7760 NW 50TH ST APT 403 | □ Add |
| | | LAUDERHILL, FL 33351 | |
| | | | Remove |
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| | |
| 9/16/2019 Sective date, if other than the date of filing: In effective date is fisted, the date must be specific and cannot be prior to tee. If the date inserted in this block does not meet the applical cument's effective date on the Department of State's records. | (optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0. |
| record specifies a delayed effective date, but not The 90th day after the record is filed. | an effective time, at 12:01 a.m. on the earlier of |
| 9/16/2019 ted | \ |
| | _ |
| A. F Signature of a member or author | |

Page 3 of 3

Filing Fee: \$25.00