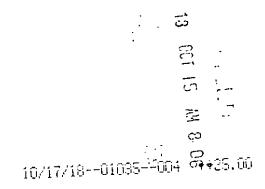
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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| | VC | -10 |
| (Ci | ty/State/Zip/Phone | = #) |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bu | isiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TOUCHST | TONE CAPITAL CONSULTIN | G, LLC | |
|----------------------------|--|---|--|
| SUBJECT. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | CHRISTOPHER SHIRLE | Υ | |
| | | Name of Person | |
| | TOUCHSTONE CAPITA | L CONSULTING, LLC | |
| | | Firm/Company | |
| | 611 NORTH WYMORE F | ROAD STE 96 | |
| | | Address | |
| | WINTER PARK, FLORIE | DA 32789 | |
| | INFO@TOUCHSTONECA | City/State and Zip Code APITALCONSULTING.COM | |
| | E-mail address: (| to be used for future annual report notifi- | cation) |
| For further information of | concerning this matter, please c | all: | |
| CHRISTOPHER SHIRI | LEY | 904 853 1031 | |
| Name (| of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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

TO:

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 Liability Compar | iv as it now appears on our records | .) |
|--|-------------------------------------|------------------------------|
| (Name of the Limited Liability Compar (A Florida Limited L | iability Company) | - r |
| The Articles of Organization for this Limited Liability Company Florida document number L16000075703 | were filed on 04/08/2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity 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) | | <u></u> |
| | | . <u>.</u> |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 0 |
| | | . 07 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | | enter the name of the |
| New Registered Office Address. | Enter Florida street address | |
| | , Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre | re to act in this capacity. I fur | ther agree to comply wi |
| provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p | performance of my duties, an | d I am familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

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, 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 |
|--------------|-----------------------------------|--|----------------|
| MGR | CHRISTOPHER SHIRLEY | 611 North Wymore Road Suite 96 WINTER PARK FL 32789 | |
| | | | ■ Remove |
| | | | ☐ Change |
| MGR | BLUE CHIP COMMERCIAL CAPITAL, LLC | 3491 Pall Mall Drive 120-A JACKSONVILLE, FL 32257 | ∃ Add |
| | | | □ Remove |
| | | | Change |
| MGR | JOE ANGIOI | 611 North Wymore Road STE 96 WINTER PARK, FL 32789 | |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | □ Change |
| | ···· | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |

| PLEASE REMOVE JOE ANGIOI | |
|---|--|
| PLEASE ADD BLUE CHIP COMMERCIAL CAPITAL, LLC AS | MANAGING MEMBED BLUE CHID IS A |
| SINGLE MEMBER LLC | MANACINO MEMBER, BLUE CHIF IS A |
| BLUE CHIP COMMERCIAL CAPITAL DOCUMENT NUMBER | R IS L18000224301 FILED 9/20/18 |
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| ctive date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of e. If the date inserted in this block does not meet the applicable statu | |
| iment's effective date on the Department of State's records. | J rod |
| | |
| ecord specifies a delayed effective date, but not an eff | ective time, at 12:01 a.m. on the earlie |
| ne 90th day after the record is filed. | |
| , 10/09/2018 | |
| ·d | |
| Signature of a prember or authorized ryper Christopher Shisley |) |
| | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00