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COVER LETTER

TO:	Registration Se Division of Con			
SUBJE	BLUE ROO	CK 1 LLC		
SUBJE	.C.I:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	endence concerning this matter	to the following:	
		PAULO EDUARDO MA	RTINS FREIRE IR	
			Name of Person	
		THE BLUE ROCK I LLC		
			Firm/Company	
	•	4001 S WESTSHORE BL	VD N APTO 901	
			Address	
		TAMPA, FL 33611		
			City/State and Zip Code	
		paulofreirejr@gmail.com	to be used for future annual report noti	(leation)
For furt	ther information c	oncerning this matter, please ca	all:	
		ARTINS FREIRE JR	239 898-9237	
		f Person	at ()	e Telephone Number
			·	•
Enclose	ed is a check for t	he following amount:		
= \$25	5.00 Filing Fee	S30.00 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)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations onter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE ROCK I LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears an our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/09/2016	and assigned
Florida document number L16000090768		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	pility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4001 S WESTSHORE BLVD N AP	7 901
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33611	
		23 H
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florids	•
	Clby	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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	JOSE SANCHEZ SERRANO	5301 3RD ST W	
		LEHIGH ACRES,, FL 33971	■ Remove
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ective	date, if other than the date of filing: we date is listed, the date must be specific and c	12/12/2016		(optional)	
<u>te:</u> If t	he date inserted in this block does not me	et the applicable s	s of filing or more the statutory filing requ	an 90 days after filing.) I uirements, this date w	'ursuant to 605.0207 (3) ill not be listed as the
cument	's effective date on the Department of Sta	te's records.			
recor	d specifies a delayed effective da	te, but not an	effective time,	at 12:01 a.m. o	n the earlier of:
The 90	th day after the record is filed.				
	<u> </u>	15	2-1/		
tad	Decembes	1			
ted	pecember,		2016	-	
ted		mber or authorized	2016	vember	

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Filing Fee: \$25.00