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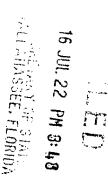
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Out Of The Blue Agency Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sharon Patterson Name of Person
Name of Person
Out Of The Blue Agency
445W 15th A
Address
Bica Raton, FL 33486 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
O .
Sharon Vatterson at (561) 7030710 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} (additiona

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

$\underline{}$	1hct	Dive Agai	ncy		
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on or Liability Company)	ur records.)		
The Articles of Organization for this Limited Liab	ility Company ユユ呂	were filed on	27/16	and assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	<u>re limited liab</u> i	ility company here:			
The new name must be distinguishable and contain the word	ls "Limited Liabil				
Enter new principal offices address, if applicable	le:	44 SW	15th C	+ 7 33486	
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>	BOCA P	iation, F	233486	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	44 SW Boca P	15th Ct aton, r	- 1-33486	
B. If amending the registered agent and/or registered agent and/or the new registered offic			records, enter	the name of the ne	<u>v</u>
Name of New Registered Agent:	Sh	aron Pa	Herson	1 3: 4 8 7: 07/4/2	
New Registered Office Address:	44	SW 15th	<u>C</u> +		
	B	Enter Florida str (a Rator		33486	
		City	, Florida	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 **Title Type of Action** <u>Name</u> John Hoffmann 445 NE 4th St Bora Raton, FL 33432 □ Change □ Add ☐ Remove ☐ Change □ Add

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ctive date, if other than the date of filing:	(optic	onal)	
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 stat	f filing or more than 90 days after utory filing requirements, this	filing.) Pursuant date will not	t to 605 be list
ument's effective date on the Department of State's records.	,		
ecord specifies a delayed effective date, but not an ef	fective time, at 12:01 a	.m. on the	earlie
he 90th day after the record is filed.			
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d July 18, 2016.			
July 18 , 2016.			

Page 3 of 3

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