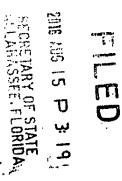
## L16000124590

Office Use Only



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**S Warren** AUG 1 6 2015

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUB	JECT: <u>Blu</u>		oup, LC, ited Liability Company	
The	enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspor	ndence concerning this matter	to the following:	
		- Kyle La	Name of Person	
		Blueprint	Capital Group, UC	<del></del>
		3417 Hia	Address	
		Sunite,	FL 33351 City/State and Zip Code	<del></del>
		E-mail address: (	ducpint capital arap. Co	Dm fication)
For f	further information co	oncerning this matter, please ca	all:	
	Hyle Lazero Name of	Person	at ( <u>30\</u> ) <u>7(40 - 6</u> Area Code Daytime	64 20 c Telephone Number
Encl	osed is a check for th	e following amount:		
<b>S</b>	\$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 ARTICLES OF ORGANIZATION **OF**

Blueprint Capital Group	), UC
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) cility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L16000124590</u> .	ere filed on O6/23/10 and assigned
This amendment is submitted to amend the following:	mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  w 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:    3417 N Hiatus Rd
A. If amending name, enter the new name of the limited liability	y 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:	3417 N Hiatus Rd
(Principal office address MUST BE A STREET ADDRESS)	
-	Sunnise, FL 33351
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3417 N Hiatus Rd
-	Sunne FL 33351
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	ee address on our records, enter the name of the new
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 agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

r)n

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
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Page 3 of 3

Filing Fee: \$25.00