L16000187397

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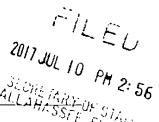
то:	Registration Sec Division of Corp							
erm II		AND BUILDERS, LLC						
SUBJECT: Name of Limited Liability Company								
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspor	ndence concerning this matter	to the following:					
		VICTOR BAPTISTA						
			Name of Person					
		BLUE ISLAND BUILDER	RS. LLC					
			Firm/Company					
		2500 CURRY FORD RD S	SUITE 7					
			Address					
		ORLANDO, FL 32806						
			City/State and Zip Code					
		BLUEISLAND.MICA@HC						
		E-mail address; (to be used for future annual report notif	ication)				
For fur	ther information co	oncerning this matter, please ca	all:					
MICA	ELA BAPTISTA		407 9140701 at ()					
	Name of	Person	Area Code Daytime	: Telephone Number				
Enclos	ed is a check for th	e following amount:						
■ \$2	5,00 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 TO ARTICLES OF ORGANIZATION **OF**



BLUE ISLAND BUILDERS, LLC

(A Florida Limited	any as it now appears on our records.) Liability Company) $\frac{1008S_{FF}^{SF}S_{F}}{1000}$	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000187397</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2500 CURRY FORD RD	
(Principal office address MUST BE A STREET ADDRESS)	SUFFE 7	
	ORLANDO, FL 32806	
Enter new mailing address, if applicable:	2500 CURRY FORD RD	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 7	
	ORLANDO, FL 32806	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address , Florida City Zip Code	

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>	<u>Name</u>	Address	Type of Action
MGR	VICTOR BAPTISTA	6141 DONEGAL DR ORLANDO.	= Add
			□ Remove
			☐ Change
			FG □ ke move
			Change T
			Add 56
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change

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			<u>``</u>
Note: If the date inserted in the	the date of filing: 07/05/2017 e must be specific and cannot be prior to his block does not meet the applicate he Department of State's records.	date of filing or more than 90 days af	
the record specifies a del) The 90th day after the	ayed effective date, but not record is filed.	an effective time, at 12:01	a.m. on the earlier of:
Dated	2017		
	WROSH-	_	

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Typed or printed name of signee

Filing Fee: \$25.00