## 116000197938

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
PICK-UP WAIT MAIL  (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Mr. Rushan Gaus Fermisson to Add to N-Change. 43 7/3/20

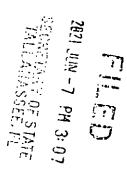
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July 2, 2021

ROSHAN SHIKARPURI 2656 WEST LAKE ROAD PALM HARBOR, FL 34684

SUBJECT: BLUEROCK CAPITAL LLC

Ref. Number: L17000244818

We have received your document for BLUEROCK CAPITAL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 021A00015192

Yvette Scott Document Specialist II

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TO: Registration Division of C	Section Torporations		
	Capital Partners, LLC		
SUBJECT:	Name of the	mited Liability Company	
The enclosed Articles	of Amendatent and fee(s) are su	binitted for filing.	
	spondence concerning this matte		
	Roshan Shikarpuri		
		Name of Person	
		,	ा <b>ू</b>
		Firm/Company	
	2656 West Lake Road		
		Address	
	Palm Harbor, Florida 346	84	PER JUNE -1 PM 3: 07
	shan@bconsultants.net	City/State and Zip Code	
	li-mail address: (	(to be used for future annual report not	lication)
For further information	concerning this matter, please c	att:	
Roshan Shikarpuri		727 786-1800	
Namo	of Person	Area Code Daytin	ne Telephone Number
Inclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$35,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (addational copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Taffahassee,	Section Corporations 27	Street Address: Registration Sea Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassec e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hluerock Capital Partners, LLC			
(Name of the Lim	ired Liability Comp (A Florida Linned	any as it now appears on our rec Liability (Company)	ords.)
The Articles of Organization for this Limited I Florida document number December 2, 2020	.iability Company	were filed on December 2, 2	020 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, coter the new name of	of the limited lial	ollity company here:	
	Blueston	a Capital Part	ners II, LLC
he new name must be distinguishable and contain the	words "Limited Liabi	fity Company," the designation "F.	LC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	2656 West Lake Road Palm	Harbor, Florida 34684
Principal office address MUST BE A STREE	ET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·	77
inter new mailing address, if applicable:		2656 West Lake Road Palm	Harbor, Electrica 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Mailing address MAY BE A POST OFFICE	ROX)		75 W
	2111717		
. If amending the registered agent and/or r gent and/or the new registered office addre	ss here:	nddress on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A:		
		Enter Fiorida su cet addi	"UNY
•			Florida
		City	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	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		Dadd .
			E!Remove
			——————————————————————————————————————
	4	***	DAdd
			□Remove
		···	S Change  S CREAT JUNIAN  S CR
			SSE PROREINGE  F. F. J. O. O. Change
			□ Add
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			DChange
			🖸 Add
			©Remove
<del></del>			DAdd
			Remove
			<b>D</b> .co

FEI Number: 82-1305111	
Managing members and owners of both enteties will remain the	
Filing date is May 28, 2021,	
***************************************	
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	55 22
	OF PA
	. 33. F/A 0
ive date, if other than the date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the applicable statent's effective date on the Department of State's records.	
•	
d specifies a delayed effective date, but not an effective time, at led,	12:01 a.m. on the earlier of: (h) The 90th day after

Typed or printed name of signer