

19/2017

# L17000010014

Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6383

From:  
Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE ROSE CAPITAL LLC

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## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLUE ROSE CAPITAL LLC**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Name of Person: DANILO SANTANA**

**Firm/Company: US TAX CONSULTING INC**

**Address: 5401 S. KIRKMAN RD STE 135**

**City/State and Zip Code: ORLANDO, FL, 32819**

**support@ustaxconsulting.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DANILO SANTANA**  
Name Person

**(407) 674-8969**  
Phone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314 2661

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
BLUE ROSE CAPITAL LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on **01/12/2017** and assigned Florida document number.

Florida document number: L17000010014.

EIN Number: 61-1812463

**Article I**

**A. If amending name, enter the new name of the limited liability company here:**

\_\_\_\_\_

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Article II**

**Enter new principal offices address, if applicable:**  
**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_

**Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_

**Article IV**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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**MGR = Manager AMBR = Authorized Member**

Title	Name	Address	Type of Action	
AMBR	Fernandes, Rosangela	Alameda Bertioiga 563 # 3	REMOVE	<input checked="" type="checkbox"/>
		Santana de Parnaiba, SP 06542-160 BR	ADD	<input type="checkbox"/>

**E. Effective date, if other than the date of filing: (optional)**

DATED: June 19, 2017

~~Signature of a member or authorized representative of a member~~

**DANILO SANTANA**

Typed or printed name of signee

17 JUN 19 AM 8:49