

Florida Department of State

Division of Corporations

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To:

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

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Account Name : US TAX CONSULTING INC
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BLUE ROSE CAPITAL LLC

Certificate of Status	1
Certified Copy	2
Page Count	01
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2023 AUG 18 PM 12:58

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 18 AM 7:48
APPROVED AND FILED

**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 01/17/2017 and assigned Florida document number: L17000010014

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 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.

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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	Name	Address	Type of Action
AMBR	LORENZO GONCALO FERNANDES	5401 S KIRKMAN RD STE 135	REMOVE <input type="checkbox"/>
		ORLANDO FL 32819	ADD <input checked="" type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	PIETRO GONCALO FERNANDES	5401 S KIRKMAN RD STE 135	REMOVE <input type="checkbox"/>
		ORLANDO FL 32819	ADD <input checked="" type="checkbox"/>

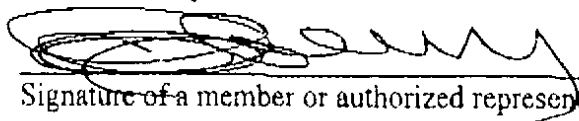
C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED

August 18th, 2023.


Signature of a member or authorized representative of a member

Andre Luiz Fernandes

Typed or printed name of signee