L17000064459

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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	C	OVER LETTE	R
TO: Registration Sec Division of Corp			
SUBJECT:	Blues Name of Limite	Stone L	J LLC
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
		m Tabo Name of Person	unou LLC
		Firm/Company	
	682 NW	Address	Ave
	Fort Lan		FL 33311 Gicloud.com eport notification)
For further information co	neerning this matter, please call		cpart not meant on y
Maksim Name of	Tabiencia	at (<u>786</u>) Area Code	7892803 Daytime Telephone Number
Fnelosed is a check for the	e following amount:		
⅓ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc)	Certificate of Status &
Mailing Address: Registration So Division of Co P.O. Box 6327	ection orporations	Division	dress: tion Section tof Corporations ttre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ţ	Bluestone	LV	LIC 3 3 24	PH	1:01
(Name of the Limited	Liability Company as it now ap	pears on our r	ecords######		
(,	V Florida Limited Liability Compar	ıy)	, ·		

The Articles of Organization for this Limited Liability Company were filed on $\frac{03}{21}$ and assigned Florida document number $\frac{L1700064458}{2019}$.

This amendment is submitted to amend the following:

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 Liabi	flity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	685 NW 4th Ave
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale FL 33311
	· · ·
Enter new mailing address, if applicable:	685 NW 4th Auc
(Mailing address MAY BE A POST OFFICE BON)	FORT Landerdyle FL 3331

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:

Enter Florida street address

Fert Lauden - | 4 | e | Florida | 3331|

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 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
AMBR	Tabunou, Maksim	2570 NE Zouth Terren	<u>Ce</u> □Add
		Miomi FL 35120	⊻ Remove
			🗆 Change
AMBR	Tabuna, Maksim	685 NW 4th Avenue	🗹 Add
		Fort Landerde:	🗆 Remove
		FL 33311	□Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
			Remove
			□Change
			□ Add
			🗆 Remove
			□ Change
			🗆 Add
			□Remove
			□Change

E. Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 8/21/2020 . Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member

Typed or printed name of signee