

L17000099618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

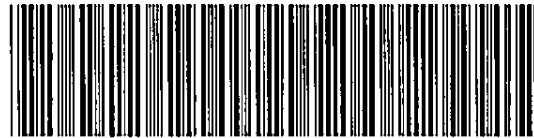
(Business Entity Name)

(Document Number)

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17 DEC - 1 AM 9:30

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blueprint Financials LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Linda Baptiste
Name of Person

Blueprint Financials LLC
Firm/Company

1194 Old Dixie Highway, Suite 9
Address

Lake Park, FL 33403
City/State and Zip Code

blueprintax@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Ronald Charles at 727 342-9564
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

Blueprint Financials LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

17 DEC - 1 AM 9:41
CLERK OF COURT
ALLAHABAD, INDIA

The Articles of Organization for this Limited Liability Company were filed on 05-04-2017 and assigned Florida document number L17000099618.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1194 Old Dixie Highway,
Suite 9
Lake Park, FL 33403

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1194 Old Dixie Highway,
Suite 9
Lake Park, FL 33403

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

_____, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Linda Baptiste	441 58th street	<input type="checkbox"/> Add
		West Palm Beach, FL	<input type="checkbox"/> Remove
		33407	<input checked="" type="checkbox"/> Change
MGR	Jean Ronald Charles	920 SW 20th Court	<input type="checkbox"/> Add
		Delray Beach, FL	<input type="checkbox"/> Remove
		33445	<input checked="" type="checkbox"/> Change
AMBR	Linda Baptiste	441 58th street	<input type="checkbox"/> Add
		West Palm Beach, FL	<input type="checkbox"/> Remove
		33407	<input checked="" type="checkbox"/> Change
AMBR	Jean Ronald Charles	920 SW 20th Court	<input type="checkbox"/> Add
		Delray Beach, FL	<input type="checkbox"/> Remove
		33445	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 DEC - 1 AM 9:30

17 DEC - 1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b):

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 November 21, 2017

Signature of a member or authorized representative of a member

Linda Baptiste
Typed or printed name of signee