170001	55063
(Requestor's Name) (Address)	700304769757
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	10/24/1701026022 ★★25.00
Certified Copies Certificates of Status	17 OCT 24 AH 7:50 SECRETARY OF STATE TALLAHASSEET LORIDA
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	(	COVER LETTER		
TO: • Registration Se Division of Cor		1 <b>*</b>	<b>*</b> ,	
BLAUW L				,
SUBJECT:		ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Adrian E. Irias, Esq.			
		Name of Person		
	Garcia-Menocal, Irias & P			j
		Firm/Company		
	40 SW 13th ST, Ste 902			
		Address		
	Miami, FL 33130			
	Adrian@gmilaw.com	City/State and Zip Code		İ
		to be used for future annual report noti	lication)	
For further information co	oncerning this matter, please ca	all:		
Adrian E. Irias, Esq.		305 400-9652		
Name of	î Person	at () Area Code — Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
<ul><li>\$25.00 Filing Fee</li></ul>	□ \$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)	
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations by 6327 issee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	m rations	

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2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO

IU ADTICUES OF ODCANIZATION	•
ARTICLES OF ORGANIZATION OF	
Or	
BLAUW LLC	
( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 7/19/17	and assigned
Florida document number 117000155063	i
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 "LEC" or the a	bbreviation "L.L.C."
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)	
B. If amending the registered agent and/or registered office address on our records, <u>enter</u> registered agent and/or the new registered office address here:	$\frac{1}{2}$ the name of the new $\frac{1}{2}$
	17 C
Name of New Registered Agent:	CT CT
New Registered Office Address:	SSEL
Enter Florida street address	AH F
Florida	
New Registered Agent's Signature, if changing Registered Agent:	

Thereby 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

Page 1 of 3

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 Name <u>Address</u> Type of Action <u>Title</u> Fernando Boccardo 40 SW 13th ST, #902 MGR 🔳 Add 🕒 Miami, Florida 33130 🔲 Remoýe Change 🗖 Add D Remove □ Change 🗖 Add Remove □ Change 🗖 Add 🔲 Remove 🕒 D Change 🗆 Add Remove Change 🗖 Add C Remove Change

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<u>Note:</u> 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		İ
·	Signature of a member or authorized representative of a member	
	Adrian E. Inius	1
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00