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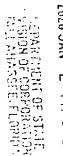
(Requestor's Name)
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(Document Number)
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JAN 30 2020

S. YOUNG

020 JAN -2 PM 6: 39

COVER LETTER

JUBJECT:	Name of Limit	ed Liability Company	
The amother ad Amintae of	Amandment and foots) are subit	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o are ronowing.	
	TARANOV, DANIIL		
		Name of Person	
	#BLUETAG LLC		
		Firm/Company	
	#BLUETAG LLC #BLUETAG LLC Firm/Company 5543 N MILITARY TRL 2209 Address BOCA RATON, FL 33496 City/State and Zip Code dantaran82@gmail.com E-mail address: (to be used for future annual report to the second part of th		
		Address	
	BOCA RATON, FL 33496		
	dantaran82@gmail.com	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	ıll:	
TARANOV, DANIIL		at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	☐ \$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

#BLUETAG LLC	
(Name of the Limited Liability (A. Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	ompany were filed on 07/25/2017 and assigned.
Florida document number L17000158619	
r fortda document number	一
This amendment is submitted to amend the following:	- Specific R 6: 39
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	<u>RESS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> <u>Iress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Emer 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 am inding 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>	Type of Action
AMBR	RIABOKONEV, DENIS	2960 NE 207TH STREET - APT. 805 AVENTURA EL 33180	
		AVENTINATION	
			Change
			Remove
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Affective date, if other than the affective date is listed, the date in this locument's effective date on the	block does not	meet the applic	cable statutory i	r more than 90 day ling requirement	optional) s after filing.) Pursu s, this date will no	ant to 605.02 of he listed
e record specifies a delay The 90th day after the r	ed effective ecord is filed	date, but no l.	ot an effectiv	e time, at 12:	01 a.m. on th	e earlier
October 04		2019	·			
Zateti		-				

Page 3 of 3

Filing Fee: \$25.00