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Name Change

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COVER LETTER

TO: Registration S Division of Co				
	NSRUCTION SERVICES, LL	C.		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ELYSABET MONTANE	Z		
	- <u>-</u>	Name of Person		
	MULTI BUSUINESS CE	NTER. CORP		
		Firm/Company		
	7336 W 20TH AVE	, mecompany		
		Address		•
	HIALEAH, FL 33016			3
		City/State and Zip Code		7 20 20
	TAXCENTERUSA@LIVI			
		(to be used for future annual report notifica	лоп)	·
For further information of	concerning this matter, please c	all:		'. ب
ELYSABET MONTAN	EZ	305 828-9696 at ()		
Name o	of Person		clephone Number	
Enclosed is a check for t	he 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 Stat Certified Copy (additional copy is en	tus &

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

BLUE CONSRUCTION SERVICES, LLC.

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

The Articles of Organization for this Limited Lia	ability Company were filed on 10/16/2017	and assigned
Florida document number L17000213308		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
BLUE PROPERTIES SERVICES, LLC.		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or the new registered off	or registered office address on our recor	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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>	Address	Type of Action
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Effective date, if other than the date of filing: (an effective date, if other than the date of filing: (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 r. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as thocument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated Manuary 34 304 Signature of a member approved typescentative of a member		
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Typed or printed name of signee

Filing Fee: \$25.00