## L17000237369

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## **COVER LETTER**

	gistration Sec ision of Corp			
etin meet.		BLUE, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	I Articles of A	smendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		YAN VALDES		
			Name of Person	
		VALDES CPA & ADVISO	DRS P.A.	
			Firm/Company	······
		848 BRICKELL AVE STE	E 625	
			Address	
		MIAMI, FL 33131		
		•	City/State and Zip Code	
		YVALDES@VALDESCPA		
			o be used for future annual report notif	ication)
For further in	iformation co	ncerning this matter, please ca	dl:	
YAN VALI			305 517-3309	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for the	: following amount:		
■ \$25.00 F	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 tadditumal copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOSEMITE BLUE, 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 Liability Company were filed on 11/16/2017 \_\_\_\_ and assigned Florida document number  $\pm 1.17000237369$ 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 "LLC," 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, 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

## 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
MGR	MAYKOL SANCHEZ	7911 NW 105TH COURT	
		DORAL FL 33178	Remove
MGR	JORGE LUIS POLEO GONZALE;	11372 NW 87TH LN	□ Change
		DORAL FL 33178	□ Add
			Remove  Change
AMBR	QUIMARA REVOCABLE TRUST	CRAIGMUIR CHAMBERS #71	P P B ADM
		ROAD TOWN BRITISH VIRGIN ISL	2: Online Remove
			□Change
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Filing Fee: \$25.00