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(Re	questor's Name)	
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TALLAHASSEE, FLORIDA

COVER LETTER

TO:		ation Secti of Corpo						
OT (15 11)		UESAIL C	ROUP LLC					
SUBJE	CI:		Name of Limi	ted Liability Comp	any			
The enc	losed Art	icles of Ar	mendment and fee(s) are sub-	mitted for filing.				
Please r	eturn all o	correspond	ence concerning this matter t	o the following:				
			SCOTT MAYER					
				Name of Pe	rson			
				Firm/Comp	ary			
			1800 W ROSCOE STREET	LUNIT 329				
				Address		 -		
			CHICAGO, ILLINOIS 606	557				
			SDMAYER@YAHOO.COM	City/State and Z	ip Code			
			E-mail address: (te	o be used for futur	e annual report notifica	tion)		
For furt	her inform	nation con	cerning this matter, please ca	11:				
SCOTI	MAYER	t		813 at (601-5243			
		Name of P	стѕоп	Area C	ode Daytime To	elephone Number		
Enclose	d is a che	ck for the	following amount:					
\$25	.00 Filing	; Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fili Certified (additional c		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:				TREET/COURIER	ADDRESS:			
		Division of	on Section of Corporations	Π	legistration Section Division of Corporation	ons		
		P.O. Box Tallahass	6327 ce, FL 32314	2	Cliftor Building 661 Executive Cente	r Circle		
a magamangurum bug 6 Au phapul 6 F					Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUESAIL GROUP LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ality Company)
The Articles of Organization for this Limited Liability Company we Florida document number L18000004681	re filed on January 5, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	v 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)	8 Fr
-	AN ARE
	ASSE 16
Enter new mailing address, if applicable:	7
(Mailing address MAY BE A POST OFFICE BOX)	N CO
-	9 AATE
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Zip Code
Non Designation of Assert Simon to the Company of t	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree or ovisions of all statutes relative to the proper and complete peraccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adwording that been notified in writing of this change.	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, and address o	f each person_being added
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Tyler Martin	1107 Ky Plaza #308 Key West, FL 33040	
	Tyler martin	Key West, FL 33640	Add
			□ Remove
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	es a delayed fter the reco			ot an effe	ective time,	, at 12:01	a.m. on th	ne earlier
Janu	mg 9		<u> 3018</u>	·				
	•	5	$>_{\mathcal{W}}\sim$		·			
								
Scott May		Signature of a	member or aut	norized repre	sentalive of a r	nember		

Page 3 of 3

Filing Fee: \$25.00