## L180000009922

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## **COVER LETTER**

	rision of Cor			
SUBJECT:		oo Investment Group LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jim DePlas		
			Name of Person	
		Bloo Mamoo Investment (	Group LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	· · · · · · · · · · · · · · · · ·
		455 Wymore Rd #210		
			Address	
		Altamonte Springs, Florid	a, 32714	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		jdeplas89@gmail.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please co	all:	
jim DePlas			407 800-4970 at ( )	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e 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 (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

Bloo Mamoo Investment Group Li			
(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited I clorida document number L18000009922	iability Company	were filed on 1/11/2018	and assigned
his amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	ity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	455 Wymore Rd, #201	
Principal office address MUST BE A STREET ADDRESS)		Altamonte Springs	
		Florida 32714	
Enter new mailing address, if applicable:		455 Wymore Rd, #201	
Mailing address MAY BE A POST OFFICE	BOX)	Altamonte Springs	
		Florida 32714	
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:		d, #201 Finter Florida street address	enter the name of the ne
	- Hamione Spii	City, Florid	da = 0/2 0

## 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
MBR	Top Porters & ConstructionLLC	2310 Pleasant Dr, Longwood FL 32	
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			☐ Change
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Page 3 of 3

Filing Fee: \$25.00