L180000 19116

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	Ð
PICK-UP	MAIT	MAIL
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(1)0	cument Number)	
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Certified Copies	_ Certificates o	of Status
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Special Instructions to	Filing Oπicer:	

Office Use Only



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Amend

MAY 1.4 2020 I ALBRITTON

COVERLETTER

TO:

Registration Section
Division of Corporations

elibir <i>e</i> r.	BLUE CONSTRUCTIO	ONG GROUP LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DEBORA	H RODRIGUEZ	
		Name of Person	
	BLUE CONSTRU	CTION GROUP LLC	
		Firm/Company	
	13454 SW 91ST 1	rer	
		Address	····
	MIAMI FL 33186		
		City/State and Zip Code	
	DEBBIE@BLUECON	NSTRUCTIONGROUP.COM	
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please ca	all:	
DEBORAH RO	DDRIGUEZ	305 316-4699	
Name o	f Person		ime Telephone 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 Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810

TO ARTICLES OF ORGANIZATION OF

	_	·
BLUE CONSTRUCTIONG GROU		•
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L18000019116		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I	LC" or the abbreviation "L.L.C."
	.,,	
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)		
muning underess mail DE 111 OUT OF THE DONY		
B. If amending the registered agent and/or registered office a	iddress an our records, en	ter the name of the new regis
agent and/or the new registered office address here:	iddress on our records; en	ter the name of the new region
DEBORAH RO	DDRIGUEZ	

Name of New Registered Agent:

City

New Registered Office Address:

13454 SW 91ST TER

Enter Florida street address

MIAMI

Florida 33186

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 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 i 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Actio
AMBR	MANUEL FORTUNA	13454 SW 91ST TER	
		MIAMI FL 33186	🗏 Remove
			□Change
CEO	MANUEL FORTUNA	13454 SW 91ST TER	
		MIAMI FL 33186	■Remove
			Change
			□ Add
			□ Remove
			□Change
			Change
			□ Add
		Change	
		□ Add	
			□ Remove
			□Change

. If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	···
 .	
Note: If the date inserted in t	n the date of filing:
ne record specifies a delayed elord is filed.	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
04/15 Dated	2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	DEBORAH RODRIGUEZ
	Typed or printed name of signee

Filing Fee: \$25.00