L18000019116

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COVER LETTER

TO: Registration Se Division of Cor			
Blue Consu SUBJECT:	nuction Group LLC		
	Name of Lin	nited Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Deborah Rodriguez		
		Name of Person	
	Blue Construction	Group LLC	
		Firm Company	
	13454 SW 91ST TER		
		Address	
	MIAMI, FL., 33186		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	debbie@blucconstructiong	`	
		to be used for future annual report notif	leation)
For further information c	oncerning this matter, please o	all:	
Deborah Rodriguez		305 316-4699 at()	
Name o	f Person	Area Code Daytime	Felephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Fitting Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE CONSTRUCTION GROUP 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 L	iability Company were filed	on 01/22/2018	and assigned
Florida document number L18000019116			
This amendment is submitted to amend the foll			
A. If amending name, enter the new name of	f the limited liability comp	any here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company	y," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	Day.	·	
(Mailing address MAY BE A POST OFFICE	<u>ΒΟλ)</u>		
B. If amending the registered agent and/or is agent and/or the new registered office address Name of New Registered Agent:			the name of the new registered
New Registered Office Address:	13454 SW 91ST TER		
	En	iter Florida street address	;
	MIAMI	, Flo	orida 33186 Zip Code
N. D. La Da al Grand St.	·		Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to act in her and complete performan istered agent as provided for registered office address, I	nce of my duties, an or in Chapter 605, I	d I am familiar with and F.S. Or, if this document is

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>	Name	Address 31 7: 78	Type of Action
MGR	MANUEL FORTUNA	13454 SW 91ST TER	≅Add
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an effecti	e date is listed, the date must be	specific and	cannot be pri	or to date of	filing or more	than 90 days a	fter filing.)	Pursuant to	605.0207
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rccora s _i Lis filed.	ecifies a delayed effective da	ue, but not i	an enecuve	time, at 12	or a.m. on t	ne earner of:	(b) the	s 90m day a	iffer the
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Filing Fee: \$25.00