L18000019116

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COVER LETTER

	ision of Cor		* ,		
SUBJECT.	BLUE CONSTRUCTION GROUP LLC Name of Limited Liability Company				
SUBJECT:					
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		MANUEL FORTUN	IA.		
			Name of Person		
BLUE CONSTRUCTION GROUP LLC					
Finu/Company				·	
13454 SW 91ST TER					
Address					
MIAMI, FL, 33186					
			City/State and Zip Code	 	
		manny@blueconstructiongr			
For further in	iformation c	E-mail address: (oncerning this matter, please e	to be used for future annual report no all:	otification)	
Manuel Forti	una		786 683-2388		
	Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
A1	iling Addres	e.	Comm A J J		
	gistration S			Street Address: Registration Section	
Division of Corporations			_	Division of Corporations	
P.O. Box 6327				The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monr	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE CONSTRUCTION GROUP		E
(<u>Name of the Limite</u>	d Liability Company as it now appears on our records A Florida Limited Liability Company)	, 22
The Articles of Organization for this Limited Lia Florida document number 1.18000019116	ability Company were filed on 01/22/2018	and assigned and assigned a
This amendment is submitted to amend the follow	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office address on our records, <u>enter tools</u> es here:	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oddress	:
		orida
•	City	Zip Code

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>	Name	Address	Type of Action
AMBR	DEBORAH RODRIGUEZ	13454 SW 91ST TER	□Add
		MIAMI . FL . 33186	■Remove
			☐ Change
			□Add
			□Remove
			☐Change
	 		□Add
			□Remove
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			□ Change
			∐Add
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			□ Change
			□Add
			Remove
			C Change

ri amending	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the	te, if other than the date of filing:
document 5 c	nective date on the Department of State S records.
the record spectord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	2021
_	Signature of a member of an althorized representative of a member
	\ \/ /

Filing Fee: \$25.00