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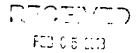
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COVER LETTER

TO: Registration Section Division of Corporations ,
SUBJECT: Blueprint Geoscience Research LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas J. Wiley Jr
Blueprint Geoscience Resenrch LCC
3104 N. Armenia Ave #2
Chipe blueprint geo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas J. Wiley Jr at (855) 543.2800 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

BLUEPRINT	GEUSCIENCE	RESEARC	HLLC
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears or rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>しいも</u> ののフスフロリ	y Company were filed on	1 1	and assigned
This amendment is submitted to amend the following	<i>:</i>		
A. If amending name, enter the new name of the l	imited liability company here	:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		-
		··	8 F
			EB AFA
Enter new mailing address, if applicable:			SSE SSE
(Mailing address MAY BE A POST OFFICE BOX)			
		-	7:
	-		25
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florido	street address	
		, Florida	
	City		Zıp 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 Title Name **Address** Type of Action AP Wiley, Clip 3104 N. Armenia Au DAdd Suite 2 Remove TAMPA, FL 33607 Change AMBR Wiley, Thomas, JJr 3104 N Armenia Ave #2 0 Add TAMPA, FL 33607 Remove _□ Remove □ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove □ Change _□ Add ☐ Remove

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an effec o <mark>te:</mark> Ti	e date, if other than the date of filing: 02/04/18 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs the date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records.	uant to 605.0207 not be listed as
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reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t Oth day after the record is filed.	he earlier o
nted _	02/02/18	
	Signature of a number or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00