(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	Blue N Name of Limi	est Developm ted Liability Company	entuc
The er	closed Articles of A	.mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	_	
			Salim Chrai	b
		Blue	Nest Developer	mentuc
		S8N	W BUTR Ter Address	
		_	City/State and Zip Code	<del>7</del>
		E-mail address: no	um & Blu Erest (	cation)
For fu	ther information con	ncerning this matter, please ca	H:	
	Salin Name of	Chraibi Person	at (306) 478 Area Code Daytime	-56 J.6 Telephone Number
Enclos	ed is a check for the	following amount:		
<b>0</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onO2[13]20[8 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<b></b>
(Principal office address MUST BE A STREET ADDRESS)	SONW BUTH Ter, & SE
	Miam! PL, 33127 1 3==
Enter new mailing address, if applicable:	S8NW 34Th Ta,
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL, 33127 8 105
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u></u>
Name of New Registered Agent:	Bluenest Development LL
New Registered Office Address:	58 NW 34Th Te,  Enter Florida street address
M	raum Florida 33127
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

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** <u>Address</u> **Type of Action** AMBR CHRAIB, SALIN 900 Brscaine Blud, Apt BOF (Add) M'auu' F(, 33/32 | 1 Remove ☐ Change MBR DAOUDI, NADIA ☐ Remove Change \_\_\_\_\_ 🗓 Add B Remove B Change □ Remove \_\_\_\_\_ Change D Add ■ Remove Change Add

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Filing Fee: \$25.00