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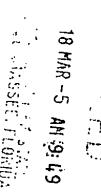
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COVER LETTER .

TO:	Registration Se Division of Cor		,	v
		OM 32 "L.L.C."		
SUBJI	EC1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
		KEITH E. LONG		
			Name of Person	
		LONG LAW, P.A.		
			Firm/Company	
		2122 VICTORIA AVE., ST	ГЕ В	
			Address	
		FORT MYERS, FL 33901		
		KEITH@LONGLAWFL.C	City/State and Zip Code OM	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
KEITI	H E. LONG		239 400-2060 at () Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
≥ \$2	5.00 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 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

BLUE ROOM 32 "L.L.C."			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recorded Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Comp. Florida document number	any were filed on 2/15/18	and assig	ned
This amendment is submitted to amend the following:			
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C," Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	.C" or the abbreviation "L.L.C	C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			
Enter new mailing address, if applicable:		A4 ·	
Mailing address MAY BE A POST OFFICE BOX)			

3. If amending the registered agent and/or registered	d office address on our record	ds, enter the name of	the
egistered agent una of the new registered office address	uci c.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	ess	
	, F	lorida Zip Code	
	Cuy	zip Coae	

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CASEY S. COLBERT	5363 BAYSHORE AVE	
		Cape Coral, FL 33904	☑ Remove
			Change
MGR	RICHARD E. COLBERT, JR.	5363 BAYSHORE AVE.	₽∂ Add
		Cape Coral, FL 33904	Remove
			Change
			Add
			Remove
			Change
			Remove
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te: If the date inserted in this block does not meet the applic	cable statutory fili	ng requirements, thi	s date wi	ill not	be listed
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00