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Division of Corporations L18000047556 age 1 of 1

## Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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| ARTICLE   | S OF AMENDMENT  |
|---|---|
|   | TO  |
| ARTICLES  | S OF ORGANIZATION   |
|   | OF  |
| Blue sphere   | 2 Construction, LLC   |
| (Name of the Limited Linbility<br>(A Florida  | Y Company as it now appears on our records.)<br>Limited Linbility Company)  |
|   | • •   |
| The Articles of Organization for this Limited Liability Co  | ompany were filed on 22218 and assigned   |
| Florida document number <u>L180000 475</u>  | <u> </u>  |
| This amendment is submitted to amend the following:   | · · · · · · · · · · · · · · · · · · ·   |
| A. If amending name, enter the new name of the limit  | ted llability company here:   |
| Blue sohere MAN   | LAGEMENT LLC<br>ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| The new name must be distinguishable and contain the words "Limit   | ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | <u> </u>  |
| (Principal office address MUST BE A STREET ADDR   | <u>ESS)</u>   |
|   |   |
|   | the second s  |
| Enter new mailing address, if applicable:   | N/A   |
| ( <u>Maliling address MAX BE A POST OFFICE BOX)</u>   |   |
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|   | ered office address on our records, onter the name of the new   |
| registered agent and/or the new registered office addr  |   |
| Name of New Registered Agent:   | $\omega/\Delta$   |
|   |   |
| New Registered Office Address:  | Emer Florida stress address   |
|   | Florida   |
| · · · ·   | City Zip Code Zing  |
| Now Registered Agent's Signature, if changing Registered  | Azent:  |
| provisions of all statutes relative to the proper and co<br>accept the obligations of my position as registered and | and agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and set of a provided for in Chapter 605, F.S. Or, if this document is a office address, I hereby confirm that the limited liability |
| administer was been under an in many of and animale.  | 1/10  |
|   |   |
|   | If Changing Registered Agent, Signature of New Registered Agent   |

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Page 1 of 3

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 |
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| ve date, if other than the dat         | te of filing; (optional)<br>specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan | 4 40 <b>6</b> 0 |

D. If amending any other information, onter change(s) here: (Attach additional sheets if necessary)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

1 8 1 Dated AD-AL CONSULTING Corp. A.1 Signature of a member or authorized representative of a member ANOVA Reide 105 052 Typed or printed name of sized · · · 18 APR -2 ..... 5 Page 3 of 3 Filing Fee: \$25.00 . . ъđ,