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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Sec Division of Corp			
	BLUONE	USA, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		John E. Napolitano, Esq.		
			Name of Person	
		Napolitano Law, LLC		
			Firm/Company	
		233 Della Court		
			Address	
		Spring Hill, Florida 34600	6-5358	
		jnapolitanolaw@mac.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
John	E. Napolitano		352 600.7977	
			at () Area Code Daytime	: Telephone Number
	Name of	Person	Area Code 17aytime	Helephone Number
Enclos	sed is a check for th	e 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

TO ARTICLES OF ORGANIZATION OF

BLUONE USA, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records,) ted Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comp. Florida document number	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		TALLING T
(Mailing address MAY BE A POST OFFICE BOX)		15 2 F
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	l office address on our records, <u>enta</u> here:	er the mame of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florida _ City	Zip Code
Many Progleton of America Office and a 16th of the Day of America		•

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Manjusri Vennamaneni	4972 Larkenheath Drive Spring Hill, FL 34609	
		·	■ Remove
			Change
MGR	Mirra Health Care, LLC	1202-1206 Mariner Boulevard Spring Hill, Florida 34609	
			Remove
		·	Remove
			Change
			Add
			Remove
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Effective	data if athe	r than the date of	f filing:			_ (optional)	
(If an effect	ive date is listed.	, the date must be spec	ific and cannot be pr	ior to date of filing	or more than 90 d	(Optional) avs after filing.) Pursu	ant to 605.0207 (3)
Note: If	the date insert	ed in this block does	s not meet the app	licable statutory	filing requireme	nts, this date will no	ot be listed as the
documen	t's effective da	ate on the Departme	nt of State's recor	ds.			
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	JULY	315	2019				
Dated		31'	,	<u></u> •			
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			re of a member or au	thorized represent	tative of a member		
	MANJUSRI VENNAMANENI Typed or printed name of signee						

Page 3 of 3

Filing Fee: \$25.00