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J. LEGGETT APR 20 2016

COVER LETTER

	on of Corpo				
SUBJECT:	he Bluefin G	roup, LLC			
SUBJECT	· · · · · ·	Name of Lim	ited Liability Company		
The enclosed A	articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return al	l correspond	ence concerning this matter	to the following:		
		Melissa Hayes			
			Name of Person		
			Firm/Company		
		117 La Branche Ave.			
			Address		
		Ocean Springs, MS 39564			
			City/State and Zip Code		
	-	yardregards@outlook.com E-mail address: (1	to be used for future annual re	eport notification)	
For further info	rmation cond	eerning this matter, please ca	all:		
Melissa Hayes			850 225 at ()	-1492	
	Name of Pe	erson	Area Code	Daytime Telepho	one Number
Enclosed is a ch	neck for the f	following amount:			
■ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

The Bluefin Group, LLC				
(<u>Name of the Limi</u>	ted Liability Comp (A Florida Limited	pany as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document numberL18000080277	iability Compan	y were filed on	March 29, 2018	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited lia	bility company he	ere:	
Yard Regards, LLC				_
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the d	esignation "LLC" or the appl	previation: L.L.C."
Enter new principal offices address, if applic	cable:	N/A	<u> </u>	P
(Principal office address MUST BE A STREE	ET ADDRESS)			5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A		PHIL: 38
B. If amending the registered agent and registered agent and/or the new registered o	ffice address he		our records, enter 1	the name of the nev
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
-		Enter Flor	ida street address	
			, Florida	
		City		Zip 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 **Type of Action Title** <u>Name</u> **Address** □ Add □ Remove _□ Change ☐ Add ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove _□ Change □ Add □ Remove

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Note: If the	e date inserted in this block do effective date on the Departn	oes not meet the	applicable statuto	ry filing requiremen	ts, this date will not b	e listed as
document s	effective date on the Departit	ient of State Site	corus.			
the record	specifies a delayed effe	ctive date, bu	ıt not an effe	ctive time, at 12	:01 a.m. on the	earlier o
	h day after the record is					
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Dated	April II					
Dated	April 11 Meliss	a Hai	us)	entative of a member		

Page 3 of 3

Filing Fee: \$25.00