## 118000118086

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|   |
| (During 5-1) November 1                 |
| (Business Entity Name)                  |
| •                                       |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |                         |  |
|--|---|-------------------------|--|
| CUDINCT.                               | BIUE STEE   | · 110                   |  |
| SUBJECT:                               | Name of Lim   | ited Liability Company  | <del></del>  |
|  |   |                         |  |
| The enclosed Articles of               | Amendment and fee(s) are sub-   | mitted for filing.      |  |
| Please return all correspo             | ndence concerning this matter   | to the following:       |  |
|  | Вког  | GAN FARRELL             |  |
|  | ·—···   | Name of Person          |  |
|  |   |                         |  |
|  |   | Firm/Company            |  |
|  | 1314 E 0  | LAS OLAS BLUD #9        | 140  |
|  |   | Address                 |  |
|  | Fixe 1  | AUNEPHALE, FL 333       | o i  |
|  |   | City/State and Zip Code |  |
|  | br  | egan F@gmail.com        | Pany  Pary  Pary  Pary  Pary  Paris Paris Paris  Paris  Paris  Paris Paris  Paris P |
|  | Rive Steel LLC  Name of Limited Liability Company  Stof Amendment and fee(s) are submitted for filing.  Sepondence concerning this matter to the following:    Brogan Freell   Name of Person |                         |  |
| For further information c              | oncerning this matter, please ca  | all:                    |  |
| BROGAN T                               | TARRELL   | at ( 954 ) 646 - 9      | 5352   |
| Name o                                 | f Person  | Area Code Daytim        | e Telephone Number   |
| Enclosed is a check for the            | ne following amount:  |                         |  |
| \$25,00 Filing Fee                     | □ \$30.00 Filing Fee &<br>Certificate of Status   | Certified Copy          | Certificate of Status & Certified Copy   |

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

| (Name of the Limited Liab)   | STEEL LLC  ity Company as it now appears on a a Limited Liability Company) | our records.)                            |
|--|--|--|
| (A riona   | a Elmited Liability Company)   |  |
| The Articles of Organization for this Limited Liability  | Company were filed onMA  | y 10, 2019 and assigned                  |
| Florida document number <u>L13000 (1903).</u>  | ·  | ,  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the lin   | nited liability company here:  |  |
| BLUE STEE  | - FINANCIAL L  | LC = 50                                  |
| The new name must be distinguishable and contain the words "Lin                                  | nited Liability Company," the design                                       | ation "LLC" or the abbieviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  | 题 麦亚                                     |
| (Principal office address MUST BE A STREET ADD   | RESS)  | 0 m                                      |
|  |  |  |
| Enter new mailing address, if applicable:  |  | 2 17                                     |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | (h                                       |
| Withing that CS PINY DE A 1 OUT OF THE BOAT  |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad- |  | records, enter the name of the new       |
|  |  |  |
| Name of New Registered Agent:  | <del></del>  |  |
| New Registered Office Address:   |  |  |
|  | Enter Florida st   | reet 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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager

| 2        | <u>Name</u> | Address      | Type of Action |
|----------|-------------|--------------|----------------|
| <u>.</u> |             |              |                |
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| fective date, if other that<br>in effective date is listed, the da | n the date of filing: |                     | 1rett                 | (opt             | ional)                     |
| ote: If the date inserted in t                                     | his block does not me | et the applicab     | le statutory filing   | requirements, th | is date will not be listed |
| cument's effective date on   | the Department of Sta | ite's records.      |                       |                  |                            |
| record specifies a del   | laved effective da    | ita but not         | an effective tir      | no at 12:01      | am on the earlier          |
| The 90th day after the   |                       | ite, but not        | an enecave m          | ne, at 12.01     | a.m. on the earner         |
|  |                       |                     |                       |                  |                            |
| nted MAY 15  | ,                     | 2018                |                       |                  |                            |
| I  | R                     |                     | $\mathcal{A}$         | 200              |                            |
|  | Signature of a in     | ember of authori    | red representative of | f a member       |                            |
|  |                       | U                   |                       |                  |                            |

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Filing Fee: \$25.00