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(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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Amend

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COVER LETTER

SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Abraham Joseph		
	Blueboard OZ LLC	Name of Person	
	550 W 34th Street, Suite 28	Firm/Company	
	New York, NY 10001	Address	
	aajoseph3@gmail.com	City/State and Zip Code	
For further information	E-mail address: (t	to be used for future annual report notif all:	ication)
Abraham Joseph		312 622-7407	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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:

TO:

Registration Section Division of Corporations

> 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



Blueboard OZ LLC	ص ً		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	مر) any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on June 13, 2018 and assigned		
Florida document number L18000145149			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	550 W 34th Street, Suite 2800		
Principal office address MUST BE A STREET ADDRESS)	New York, NY 10001		
Enter new mailing address, if applicable:	550 W 34th Street, Suite 2800		
Mailing address MAY BE A POST OFFICE BOX)	New York, NY 10001		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	AnaCristina Aguirre	550 W 34th Street, Suite 2800 New York, NY 10001	Add	
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ective date, if other than a effective date is listed, the date it: If the date inserted in this ument's effective date on the	must be specific and cannot block does not meet the	t be prior to date of e applicable statt	filing or more than		
record specifies a dela he 90th day after the i		but not an eff	ective time, a	t 12:01 a.m. (on the earlier o
June 19 ed	2019	9			
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	Signature of a member		- P	ah sa	

Page 3 of 3

Filing Fee: \$25.00