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CORRECT OF SAME.

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COVER LETTER

Division of Corpor	ations		
SUBJECT: BUC.	Tune LLC Name of Limi	ited Liability Company	
		·····	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Diane E.	Shoultz	
		Name of Person	
	BlueJa	he, LLC	
		Firm/Company	
	443 E.	3rd Street	
		Address	
	Jackson	14/11e, FZ 3220	<i>l</i>
_		ON ME, FL 32200 City/State and Zip Code JUNELLC @ J MUI	
	E-mail address; (t	o be used for future annual report notifica	tion)
For further information conc	erning this matter, please ca	all:	
Diane Sh	outz	at 540, 287-4	979
Name of Pe	rson	Area Code Daytime To	elephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 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

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**

Blue Tane, LLC			
(Name of the Limited Liability C (A Florida Li	Company as it now appermited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L1800015838</u> 7	npany were filed on _	6/28/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company	here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	<u> </u>		
Principal office address MUST BE A STREET ADDRES	<u></u>		58 TI
Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or register	ed office address o	on our records, g	enter the name of the
Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or register	ed office address o	on our records, g	enter the name of the
Principal office address MUST BE A STREET ADDRES Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or register	ed office address o	on our records, g	enter the name of the
Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address o	on our records, g	enter the name of the
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	ed office address o s here:	on our records, o	enter the name of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	ed office address o s here:	orida street address	enter the name of the

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wilkins, Adam CIJr.	443. E 3rd Street Tacksonville PL 32206	🗆 Add
		Jacksonville PL 32206	Remove
			Change
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an effective date is li ote: If the date in	other than the date of fili isted, the date must be specific a serted in this block does not we date on the Department of	and cannot be prior to da t meet the applicable			
	fies a delayed effective after the record is filed		effective time, at 1	2:01 a.m. on the ea	arlier o
	in day of July,	2018			
ated	A MY	12/14/			
ated <u>18</u> 4	- Olan	a member or authorized	representative of a member		

Page 3 of 3

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