118000 190 943

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	<u> </u>
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





800334320658

69/29/19--81841--887 **88.88

2019 SEP 23 PH 4: 39* 0

COVER LETTER

Division of Cor	rporations		
SUBJECT:BL	UEJAY BIZ LLC		
30bject	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Waldo Malan		
		Name of Person	···
	Bluejay Biz LLC		
	<u></u>	Firm/Company	
	1845 San Marco Rd		
		Address	
		City/State and Zip Code	
	Marco Island, FL 34145	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	·	(curton)
Waldo Malan		at (239 3166717 Area Code Daytime	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following 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

BLUEJAY BIZ LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number <u>L18000190943</u> .	ny were filed on 08/09/2018	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the at	viati JL.L.C."
Enter new principal offices address, if applicable:	.1	
(Principal office address MUST BE A STREET ADDRESS)		
		မိ မိ
Enter new mailing address, if applicable:		- <u>-</u> -
(Mailing address MAY BE A POST OFFICE BOX)	i	<u></u>
		ယ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		e name of the new
Name of New Registered Agent:		
Name Davintage d Office Address.		
New Registered Office Address:	Eprer Florida street address	
	. Florida	
	Ciny Piorida	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>u:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ete performance of my duties, and 1 am fan is provided for in Chapter 605, F.S. Or, if	niliar with and this document is

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>	<u>Address</u>	Type of Action
MGR	Waido Malan	1845 San Marco Rd, Marco Island FL 34145	■ Add
			□ Remove
			☐ Change
AMBR Sharon Malan	Sharon Malan		□ Add
			🗖 Remove
		1845 San Marco Rd, Marco Island FL 34145	Change
			Remove
			Change
			Add
			Remove
		 	☐ Change
			□ Remove
			☐ Change
			□ Remove
			Change

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If the	date, if other than the date of filing:
f the record b) The 90	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated 9 S	eptember 2019
	Signature of a member or authorized representative of a member
	Waldo Malan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00