

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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(((H18000302730 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702),866-2500 Phone

Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_documents@incorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE MARLINIO LLC

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Estimated Charge	\$25.00

OCT 22 2018

EXAMINER

Electronic Filing Menu

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Corporate Filing Menu

Help

From: GFI FaxMaker

P.O. Box 6327

Tallahassee, FL 32314

To: 8506176383

Page: 3/6 Date: 10/18/2018 3:21:28 PM

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COVER LETTER

ro: Registration Se Division of Cor						
suвлест: Blue Ma	rlinio LLC					
JOBS DCT.	Name of Limi	ited Liability Company		-		
	Amendment and fee(s) are sub-					
·		-				
	Kathy Shin	Name of Person				
				上海		
	InCorp Services, Inc). 			9	
		Figu/Company			1 111 OCT 19	10
	0770.11	Di C. ii- F00	c	**	9	-
	3773 Howard Hughe	Address	5		A	
	Las Vegas, NV 8916	69-6014		585.V	8 : 35	
		City/State and Zip Code				
	kathy.shin@incorp.c	com	unort notification)	_		
For further information o	ennan address, t		pan maneanay			
Kathy Shin for InC	orn Services Inc	at (_800)	246-2677			
	of Person	At (Code)	Daytime Telephone Num	her	-	
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 enclo	Certif (Sod) Certif	Filing Forcette of Street Copy is	tatus &	ı
Regist	ING ADDRESS:	Registratio	COURIER ADDRESS on Section of Corporations	:		

(H18000302730 3)

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

From: GFI FaxMaker

To: 8506176383

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Date: 10/18/2018 3:21:28 PM (ฅ٦٥טטטטענושט ع)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Blu	re Marlinio LLC	
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>09/05/2018</u>	and assigned
Florida document number L18000211966		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	0 at (#
The new manie must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the ability	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
		<u> </u>
		ယ္သ
Enter new mailing address, if applicable:	. · · · · · · · · · · · · · · · · · · ·	· —
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	π/ Code

New Registered Agent's Signature, il 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

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From: GFI FaxMaker

MGR = Manager

AMBR = Authorized Member

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Valeria Garrido	1642 Zenith Way, Weston, Fl 33327	
		Name.changed from Valeria Garrido	Remove
		to Valeria Galavis. (last name changed to Galavis)	■ Change
			Add
			Remove
			Change Change
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			🗆 Add
			Remove
			Change
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	From: GFI FaxMaker	To: 8506176383	Page: 6/6			(1110000000
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an effective dat ote: If the da	e, if other than the date it is listed, the date must be sate inserted in this block decrive date on the Department.	pecific and cannot be prior oes not meet the applic	able statutory	or more than 90 days a	ptional) after filing.) Pu this date wil	rsumit to 605.0207 I not be listed as
record sp The 90th (pecifies a delayed eff day after the record	ective date, but no is filed.	ot an effecti	ve time, at 12:0	1 a.m. on	the earlier of
ated Octo	ber 10, 2018	, ,				
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	Sign	sture of a member or auth	iorizca represent	auve of a member		
	aleria Galavis					

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Filing Fee: \$25.00

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