L18000 212350

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
	Cleaners LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Aimee I. Mele		
		Name of Person	
	Code Blue Cleaners LLC		
		Firm/Company	
	5913 Balsam Drive		
		Address	
	Fort Pierce, Fl 34982		
	Codeblueeleanerslle@gmai	City/State and Zip Code Leom to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Aimee L. Mele		772 579-3359	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



July 20, 2023

AIMEE I. MELE CODE BLUE CLEANERS LLC 5913 BALSAM DRIVE FORT PIERCE, FL 34982

SUBJECT: CODE BLUE CLEANERS, LLC

Ref. Number: L18000212350

We have received your document for CODE BLUE CLEANERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 023A00016267

Valerie Herring Regulatory Specialist III Internet Support

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Code Blue Cleaners LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number L18000212350	npany were filed on 09/06/2018	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	d Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(2.2)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023 AUG 15 SECRETARY FALLAHASSE
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	ffice address on our records,	enter the name of the new registered
Name of New Registered Agent:	1 1	
New Registered Office Address:	Enter Florida street	address
		12)
-	City	Florida

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 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
MURM	Cooper Mele	5913 Balsam Drive Fort Pierce, FI 34982	□Add
			■Remove
			□ Change
MGRM	Evan Moss	5913 Balsam Drive Fort Pierce, Fl 34982	■Add
			□Remove
			□Change
			🗆 Add
			□Remove
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Effective date	e, if other than te is listed, the da	n the date α	of filing:	nnot be nrie	or to date of 1	iling or mo	re than 90 da	(optional	l) w) Pursuant	to 605 02	07
Note: If the da	ite inserted in the	his block do	es not mee	et the appl	icable statut	ory filing	requiremen	its, this da	te will not b	e listed	as '
document 3 cm	cerive date on	the repartiti	em or star	e s record	s.						
record specifi d is filed.	es a delayed ef	fective date.	but not an	effective	time, at 12:	01 a.m. oi	the earlie	rofi(b) T	The 90th day	y after th	ic
		Λ	ı	2023	•		1				
Dated May 5		/1	<u> </u>		·		. #				
Dated May 5		——/i			/ i		Λ <i>//</i>				

Filing Fee: \$25.00

Typed or printed name of signee