

48000266910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

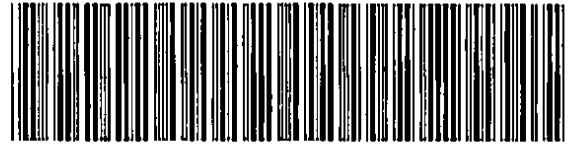
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700322239387

12/21/19 10:00:00 AM 4675.00

effective date 01/01/19

FILED
IN THE CLERK OF STATE
18 OCT 21 PM 5:21

Amend.

JAN 11 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue TREE Solutions
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Hall
Name of Person
Blue TREE Solutions
Firm/Company
13841 NE Miami Ct
Address
Miami, FL 33161
City/State and Zip Code
PHall305@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Hall at 786 278-9067
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
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

FILED
TALLAHASSEE, FL
JAN 21 2009
10:00 AM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2019

PAUL HALL
BLUE TREE SOLUTIONS
13841 NE MIAMI CT
MIAMI, FL 33161

SUBJECT: BLUE TREE SOLUTIONS "LIMITED LIABILITY COMPANY
Ref. Number: L18000266910

We have received your document for BLUE TREE SOLUTIONS "LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I'm not sure what you are doing. You must put the actual name of the LLC at the top of the page. If you are amending the LLC name you put the new name in Section A. You list the additions or deletions on page 2 of the application. Please make the proper corrections and return the document for filing.

Please return 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.

Diane Cushing
Senior Section Administrator

Letter Number: 319A00000519

BLUE TREE SOLUTIONS "LIMITED LIABILITY COMPANY

and assigned

Page 1 of 3

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>	<u>Type of Action</u>
MGR	Charmaine Smellie	1384 N.E. Miami, Ct	<input checked="" type="checkbox"/> Add
		Miami, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Cherraine Smellie
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Charmaine Smeltice

Typed or printed name of signee