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COVER LETTER

TO: Registration S Division of Co			
	CANDY LLC		
SUBJECT:	Name of Lim	ited Liability Company	150
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for tilling.	THE FEB 20
Please return all corresp	pondence concerning this matter	to the following:	
	ALEXANDER LOPEZ		
	BLUE CANDY LLC	Name of Person	
	542 WEST 16 STREET	Firm/Company	
	HIALEAH, FL. 33010	Address	
	ALEX0928LOPEZ@GMAIL	City/State and Zip Code COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	alf:	
ALEXANDER LOPE		786 495-6474 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 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

	The said non-sars on the records					
(Name of the Limited Liability Compa (A Florida Limited L	Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on and a						
Florida document number	· · · · · · · · · · · · · · · · · · ·					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	1100 W 35 STREET APT.34					
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33012-4976					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, enter the name of the n					
New Registered Office Address:	Enter Florida street address					
	F1 - 11					
	Florida Zip Code					

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 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
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			☐ Remove
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Page 3 of 3

Filing Fee: \$25.00