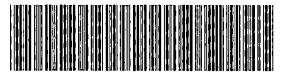
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Rame 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:			
Evan Phillips Name of Person			
Blue Frank Management Firm/Company			
1855 Griffin Rd Surle AL407			
Danya Booch, FL 33004  City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (954) 905 3876  Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{Certified Copy (additional copy is enclosed)}			

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

orations Division of Corporations
Clifton Building
32314 2661 Executive Center Circle

Tallahassee, FL 32301

STREET/COURIER ADDRESS: Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Brown	L Management	
(Name of the Limited I. (A.F	iability Company as it now appears on ou lorida Limited Liability Company)	19 (19 ) (1 A 19 19 ) (1 A 19 19 )
The Articles of Organization for this Limited Liabil Florida document number 83-35358	1	IC DOS CF Saind assigned
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Ltability Company," the designati	on "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: 	
(Principal office address MUST BE A STREET A	DDRESS)	
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOY	<u></u>	
B. If amending the registered agent and/or in registered agent and/or the new registered office	No.	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
_	City	, Florida Zip Code
	•	ı

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

II amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being addor removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title Name Address Evan Phillips Deadld \_□ Remove \_ Change □ Add \_□ Remove ☐ Change ☐ Remove \_□ Change \_ 🗖 Add \_\_\_\_\_ Change □ Add ☐ Remove \_□ Change □ Add

□ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(It an effe <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated <sub>.</sub>	Signature of a member or authorized representative of a member
	Evan Phillips Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00