119000062467

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO:		istration Sec ision of Corp				
SUBJE	·C·T·	CONTINEN	ITAL BLUE LLC			
SOBJE.	.C.I.	Name of Limited Liability Company				
			Amendment and fee(s) are sub			
Please	return	all correspon	dence concerning this matter	to the following:		
			JOSEIDA M. BERBIN			
				Name of Person		
			CONTINENTAL BLUE L	LC		
				Firm/Company		
			7210 NW 114 AVE APT 2	203		
			· · · · · · · · · · · · · · · · · · ·	Address	·····	
			DORAL, FL 33178			
			joseida.berbin@gmail.com	City/State and Zip Code		
			E-mail address: (to be used for future annual repor	notification)	
For furt	ther in	iformation co	ncerning this matter, please ca	all:		
JOSEI	DA M	L BERBIN		786 450-218		
-		Name of	Person	Area Code Da	ytime Telephone Number	
Enclose	ed is a	check for the	e following amount:			
\$25	5.00 F	iling 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

CONTINENTAL BLUE LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	on 03/04/2019 and assigned
Florida document number L19000062467	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbreviation "LEC"
The tree states of the control of th	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	—————————————————————————————————————
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address	ss on our records, enter the name of the ney
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street address
	Florida
City	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>	<u>Address</u>	Type of Action
MGR	JOSEIDA M. BERBIN	7210 NW 114 AVE APT 203	⊟ Add
		DORAL, FL 33178	
			□ Remove
			Change
		_	Add
			☐ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
		_	Add
			Remove
			Change
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			☐ Remove
			Change

	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
(If an et <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Dudg Hage
	Signature of a member or authorized representative of a member SANDRA I. MEYER MONTENEGRO

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00