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		COVER LETTE	R	
TO: Registration Section Division of Corpo				
SUBJECT: DP	Bue Cleum Name of Lin	nted Liablity Company	any LC	
The enclosed Articles of An	nendment and fee(s) are suf	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Vicale	Park Name of Person		
	<u>Deep</u>	Blue Clew Firm/Company	aing Company	ПC
	185 Sand	Palm Rd Address		
		+ FL 324 City/State and Zip Code		
-	dec blu	to be used for future figural r	eport nythication)	
For further information cone		V	V	
Nicole Po	rson	at ( <u>404</u> ) Area Code	323-7922 Daytime Telephone Number	_
Enclosed is a check for the fo	ollowing amount:			
<b>▼</b> \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fo	

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building

(additional copy is enclosed)

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deep Blve Cleo (Same of the Limited Liability (A Florida	Company it now appea Limited Laddity Company)	Pany LLC	
The Articles of Organization for this Limited Liability Co Florida document number <u>L1900083</u> 623		<u> March 26, 201</u> 0	and assigned
This amendment is submitted to amend the following			79
A. If amending name, enter the new name of the limit	ed liability company h	<u>ere</u> :	FTL.
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the	designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:	18580	nd Palm Bd	
(Principal office address MUST BE A STREET ADDRI	ess) freepoc	, FL 32439	- <del> </del>
Enter new mailing address, if applicable: (Mailing address MAY BE <u>A POST OFFICE BOX)</u>	1889 Freepor	and Palm Ro +,FL 32439	<u>\</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address.		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Nicole Elizab	eth Park	
New Registered Office Address:	8 S Sand Pa	ida street address	
<u> </u>	neeport	Florida	32439
	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>	Address	Type of Action
AMBR	Ahron Park	18 3 Sand Palm Rd.	<b>⊞</b> ∕\dd
		Fruport, FL 32439	<u> </u>
			<u></u>
AMBR	NicolePark	193 Sand Palm Rd	Add
		Freeport, FL 32439	Remove
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Elective date, if other than the date of filing:  In effective date, if other than the date of filing:  In 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 after. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as comment's effective date on the Department of State's records.  It record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  April 25.  Signature of a member or authorized representative of a member			
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		Signature of a member or muther and	
		Wicov Elizabeth Park Typed or printed name of signee	