119000100457

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COVER LETTER

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	gistration Se vision of Cor				
CID ITAT.	BLUTRUST PARTNERS, LLC				
SUBJECT:		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		OMAR A, ERCHID			
			Name of Person		
		ERCHID LAW FIRM			
			Firm/Company		
		203 N ARMENIA AVE #	101		
			Address		
		TAMPA, Fl. 33609			
			City/State and Zip Code		
		Yasinsaad@colonialdistrib	•		
, e . e . e	,		to be used for future annual report no	tification)	
For turtner i	ntermation c	oncerning this matter, please c	all:		
OMAR A. I	ERCHID		813 631-7226 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address:		
	gistration S vision of C	orporations	Registration Section Division of Corporations		
	D. Box 632		The Centre of		
Ta	llahassee, I	FL 32314		oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUTRUST PARTUERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C		04/18/2019	and assigned
Florida document number L19000100457	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company	here:	
BLU TRUST CAPITAL, LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," ti	ie designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
	<u>.</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on ou	r records, <u>enter</u> :	the name of the new registered
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter)	Florida street address	•
with other finitesia.	· 	, Flo	orida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Add
			Remove
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			□Add
			□Remove
			□Add
			□Remove
			□Channa.

Effective date, if other than the date of filing: (tran 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 cord is filed. Dated March 16 Signature of a member or anthorized representative of a member OMAR A. ERCHID		
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OMAR A, ERCHID	_	organization of a member of animotized representative of a member
Typed or printed name of signee	OMAR /	

Filing Fee: \$25.00