

L19000 136 642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

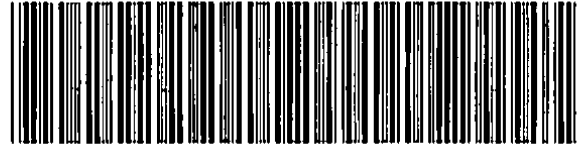
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500333643865

09/04/19--01:10:10

SEP 17 2019
S. YOUNG

FILED
19 SEP -9 AM 7:10
FALCONSBURG, COLORADO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Dynamics & co. LLC
Name 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:

J. Angella Clarke
Name of Person

Clarke Blue Investments & co. LLC
Firm/Company

3200 N Hialeah Rd. #683545 Orlando, FL 32818
Address

Orlando FL 32818
City/State and Zip Code

CBI.CO.LLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Angella Clarke at (321) 287-3390
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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**

Blue Dynamics & Co. LLC

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

FILED
19 SEP -9 AM 10
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/21/2019 and assigned
Florida document number L19000136642.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CLARKE BLUE INVESTMENTS & CO. LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3200 N Hiawasee Rd.

#683545

Orlando FL 32818

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 683545

N Hiawasee Rd.

Orlando FL 32818

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Demaria Artis

New Registered Office Address:

12451 Metro Pkwy #103

Enter Florida street address

Fort Myers

City

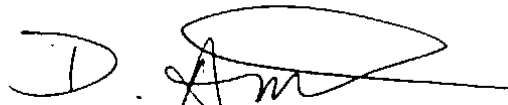
Florida

33966

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

Title	Name	Address	Type of Action
AMBR	J. Angella Clarke	3200 N Hiawasssee Rd. # 683545 7512 Highlake dr Orlando FL 32818 Orlando FL 32818	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Princess Artis	7512 Highlake dr. Orlando, FL 32818	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Princess Louis	12451 Metro Pkwy #103 Fort Myers, FL 33966	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Angella Clarke	7512 Highlake dr. Orlando, FL 32818	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

company email address should now
read as follows:

CBI.CO.LLC@gmail.com

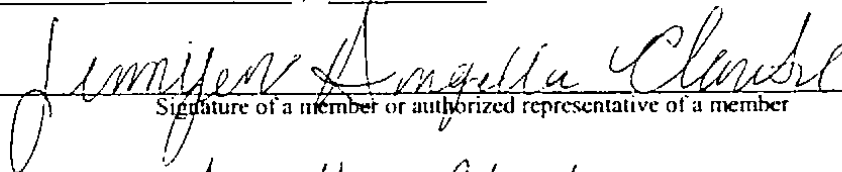
E. Effective date, if other than the date of filing: 05/21/2019 (optional)

(If an 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 (3)(f)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated 08/15/2019 AUGUST 15, 2019


Signature of a member or authorized representative of a member

J. Angella Clarke
Typed or printed name of signee