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2019 NOV 22 //H 8: 46

## **COVER LETTER**

SUBJECT: B/4-Vision Limited Liability Company
The enclosed Articles of Amendment and feets) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Marta Diaz
- Blu-Vision limited, LLC
20121 SW 124th Pl.
MIAMI, FLORIDA 33177
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Masta Diaz at 186 255-7451 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25 00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 Chele Tallahassee, FI, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blu-Visi	ed Liability Company as it now appears on out CA Florida Lumied Liability Company)	r records.
The Articles of Organization for this Limited Li Florida document number		05 /2019 and assigned
This amendment is submitted to amend the follo		
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation "L L $\overline{C}$ "
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)	2019 HOV 22
B. If amending the registered agent and/ registered agent and/or the new registered of		records. enter the name of the new
Name o <u>f New Regis</u> tered Agent:		
New Registered Office Address:	Emer Florida strev	taddress
		. Florida

## 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, it this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

II 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	Macta Diaz	201215W124thP	<b>⊠</b> Add
		MIAMI FL 33177	☐ Remove
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Note: If the da	e, if other than the te is listed, the date mus are inserted in this blo fective date on the De	ock does not meet	the applicable s	of filing or more address filing re	than 90 days after a equirements, this	nal) filing (Pursuant to 605/0] date will not be listed
	ecifies a delayed day after the reco		, but not an	effective tim	e, at 12:01 a	.m. on the earlier
Dated N.	venber.	•	(Jo			
		Signature of a mem			a member	
	Mact	a Dio	9			

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Filing Fee: \$25.00