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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue Sea Realty Partners 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:
Suzanne Mathieu Name of Person
Firm/Company
319 Par Aue Address
Melbourne FL 32901 City/State and Zip Code Sea GYPSY Suz @ Gwail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taroe Beauchamp at (321) 216 - 8876 Name of Person at (321) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Sea Realty Da	rtners, LLC
Blue Sea Realty Da (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	
Suzanne M. Mathie The new name must be distinguishable and contain the words "Limited Liability	
The new name must be distinguishable and contain the words "Limited Liability	Company. the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	319 Par Ane Melbourne FL 32901
<u> </u>	32901
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address Florida Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code ?
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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
			□ Remove
			□ Change
			□Add
			□Remove
			Change
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ote:	ve date, if other than the date of filing: 12/19/2021 (optional) retive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecoro is file	I 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 ed.
ted_	11-5- 2021
	Lasaerne Mathier
	Signature of a member or authorized representative of a member Suzanne Mathieu Typed or printed name of signee

ET C35.00