

L19000 295 143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

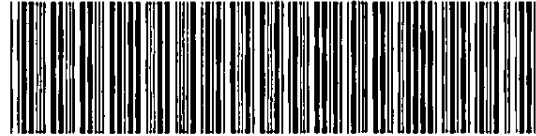
(Business Entity Name)

(Document Number)

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01/22/20--01018--007 **25.00

R. WHITE
FEB 19 2020

2020 FEB 22 14:10:34

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE HANDS AUDIT 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:

LILIA PUELLO

Name of Person

BLUE HANDS AUDIT LLC

Firm/Company

600 N THACKER AVE. SUITE D-60

Address

KISSIMMEE, FL 34741

City/State and Zip Code

BLUEHANDSAUDIT@USA.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILIA PUELLO

754

235-1134

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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 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 HANDS AUDIT LLC

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

2020 JUN 22 11:10:34

The Articles of Organization for this Limited Liability Company were filed on 12-3-2019 and assigned
Florida document number L19000295143.

This amendment is submitted to amend the following:

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

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)

600 N. THACKER AVENUE

SUITE D-60,

KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1720 ORANGE VISTA BLVD.

KISSIMMEE, FL 34746

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:

LILIA PUELLO

New Registered Office Address:

1720 ORANGE VISTA BLVD.

Enter Florida street address

KISSIMMEE

City

Florida 34746

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.

x Lilia Puella

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

WE HAVE CHANGED PHYSICAL ADDRESS AND REGISTERED AGENT

NAME FOR ONE OF THE LLC MEMBERS WAS MISSPELLED ON ORIGINAL FILING

E. Effective date, if other than the date of filing: 1-5-2020 **(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)(b)

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 JANUARY 5, 2020



Signature of a member or authorized representative of a member

LILIA PUELLO

Typed or printed name of signee

Filing Fee: \$25.00