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COVER LETTER

TO:

	Homes, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
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: Brandon Jackson Name of Person Blue Point Homes, LLC Firm/Company 90 Spires Ln Suite 6A Address Santa Rosa Beach, FL 32459 City/State and Zip Code brandon@bluepthomes.com E-mail address: (to be used for fature annual report notification) For further information concerning this matter, please call: Brandon Jackson Name of Person Name of Person			
Please return all correspo	ondence concerning this matter t	to the following:	
	Blue Point Homes, LLC Name of Limited Liability Company		
		Name of Person	
	Blue Point Homes, LLC		
		Firm/Company	
	90 Spires Ln Suite 6A		
		Address	
	Santa Rosa Beach, FL 3245	59	
		City/State and Zip Code	
Blue Point Homes, LLC Name of Limited Liability Company			
	E-mail address: (to	o be used for future annual report notification)	
For further information c	oncerning this matter, please ca	ill;	
Brandon Jackson			
Name o	f Person	Area Code Daytime Telephone Number	_
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy Certificate of Stadditional copy is enclosed) Certified Copy	Status & y
P.O. Box 632	.7	The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Point Homes, 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 Company were filed on December 4th, 2019 and assigned Florida document number 1.19000296507 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 "LLC." 90 Spires Ln Suite 6A Santa Rosa Beach, FL 32459. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 90 Spires Ln Suite 6A Santa Rosa Beach, FL 32459 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Brandon Jackson Name of New Registered Agent: 90 Spires Ln Suite 6A New Registered Office Address: Enter Florida street address Santa Rosa Beach

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, 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	Olon Belcher	9005 Lakeview Dr Fairhope, AL 36532	
			=Remove
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			□Add
			Remove
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	be specific and cannot be p ck does not meet the app	rior to date of filing or more tha blicable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 605 irements, this date will not be list	
ecord specifies a delayed effective is filed.	date, but not an effectiv	e time, at 12:01 a.m. on the	earlier of: (b) The 90th day afte	er the
October 28	2021	·		
••••				

Typed or printed name of signee