Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6383		page. Doing so will generate another cover sheet.	ن سے 17
Division of Corporations Fax Number : (850)617-6383	To:		
- From: (7) - From: (7)		Division of Corporations	李素
		Fax Number : (850)617-6383	2027
Account Name - ARSENBILT LAW OFFICES	From:		00 [4] -{};
Account Number: C75350000225		Account Name : ARSENAULT LAW OFFICES	in the contract of

: (727)584-1199

: (727)586-1071

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Phone

Fax Number

Enail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BLUE BANYAN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Blue	Banyan, LL Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(5) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Charle	Name of Person	
		Firm/Company	
	13189 Cu	mberland Dr. Address	
	Largo, F	Address L 33773 City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	fication)
For further information co	ncerning this matter, please cal	ıl:	
Name of	Person	at () Area Code Daytime	z 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 Ba	ruin, LLC.			
(Name of the Limited Lia (A Flo	mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"			
The Articles of Organization for this Limited Liabilit	y Company were filed on _	<u>Pioeleilei</u>	and assigned	
This amendment is submitted to amend the following	;:			
A. If amending name, enter the new name of the	umited liability company	here:		
			<i>S</i>	
The new name must be distinguishable and contain the words "	Limited Liability Company," the	designation "LLC" or the a	bbreviaties "L.L	
Enter new principal offices address, if applicable:			<u> </u>	- ! }
(Principal office address MUST BE A STREET AL	DRESS)	<u>.</u>	<u> </u>	
Enter new mailing address, if applicable:			PAID: 3	カフ
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agent and/or the new registered office address her Name of New Registered Agent:	<u>·····</u>		ne of the new regist	- <u>ered</u> -
	City	, Florida	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 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>	Name	Address	Type of Action
AMBR	Charles R. Mortuet	13189 Cumberland Dr.	□Add
		Largo, FL 33773	[v]Remove
			□Change
AMBR	Edwin P. Monrue	13189 Cumberland Dr.	□Add
		Largo, Fl 33773	Nemove
			TOREMEN 24
<u> </u>		A) As Section 19	DAR 1
		FI A	Dicemove 7
			□Add
			□Remove
			Change
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If amending any						
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	ted, the date must be sp erted in this block d	occific and cannot b	applicable statutor	g or more than 90 day	(optional) se after filing.) Pursuant to ts, this date will not b	
e record specifies a d rd is filed.	clayed effective date	, but not an effec	tive time, at 12:01	a.m. on the earlier	of: (b) The 90th day	after the
Dated <u>Januar</u>	y 23	hully ture of a member of	T authorized represen	Male of a member		
	J.g.i.u	^	R. MCK			

Filing Fee: \$25.00