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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Naı | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

| BLUE CAST | CONSTRUCTION LLC | | |
|--|--|---|--|
| 30BJEC1: | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | FABIO CASTELLANOS | | |
| | | Name of Person | |
| | BLUE CAST CONSTRUC | CTION LLC | |
| | | Firm/Company | |
| | 9077 GERVAIS CIR UNI | Г 910 | |
| | | Address | |
| | NAPLES FL 34120 | | |
| | | City/State and Zip Code | |
| | BLUECASTCONSTRUCT | ION@GMAIL.COM | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information co | ncerning this matter, please co | all: | |
| FABIO CASTELLANOS | | 239 2 87 -7194 at () | |
| Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | e following amount: | | |
| ■ \$25.00 Fiting 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 S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations | Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1 // 0 = 0 = | of Courses of the Cou | <u></u> |
|---|--|----------------------------|
| (A Florida | ty Company as Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Corollary | ompany were filed on 02/07/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ited liability company here: | |
| The new name must be distinguishable and contain the words "Limi | ited Liability Company," the designation "LLC" or the | |
| Enter new principal offices address, if applicable: | | 020 HAR |
| (Principal office address MUST BE A STREET ADDR | RESS) | AR I |
| | | SE P IT |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>E. 5</u> |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, enter the | name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | a |
| | City | 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, <u>enter the title, name, and address of each person being added</u> or <u>removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|-------------------|--|----------------|
| MGR | FABIO CASTELLANOS | 9077 GERVAIS CIR 910 NAPLES FL 34120 | 🗆 Add |
| | | TYPO ON LAST NAME, PLEASE UPDATE TO | □Remove |
| | | CASTELLANOS | |
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| ective date, if other than the date of filing: 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 605.02 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nument's effective date on the Department of State's records. cord 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 filed. | | , | · · · · · · · · · · · · · · · · · · · | |
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| Halsi | ed MARCH 04 | 2020 | | |
| Signature of a member or authorized representative of a member | | · | · | |
| Signature of a member or authorized representative of a member | Make | () | | |
| | | Signature of a member or autho | rized representative of a member | |
| FABIO CASTELLANOS | | | d name of signee | |

Filing Fee: \$25.00