## L20000070824

(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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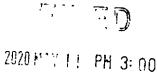
## **COVER LETTER**

	Registration Sec Division of Corp			
evin ie	BLUE SPE			
SUBJEC	T:	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		MANDANA REZAIE		
			Name of Person	
		FLORIDA CPA FIRM LL	С	
			Firm/Company	
		14707 S DIXIE HIGHWA	Y, SUITE 106	
			Address	
		PALMETTO BAY, FL 33	176	
			City/State and Zip Code	<del></del>
		FLORIDACPAFIRM@GM		
		E-mail address: ()	to be used for future annual report notit	ication)
For furth	er information co	oncerning this matter, please ca	all:	
MANDA	ANA REZAIE		305 342-3994 at ()	
	Name of	Person	Area Code Daytimo	· Telephone Number
Enclosed	is a check for th	e following amount:		
<b>■ \$25</b> .6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BLUE SPEAR LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 03/03/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	, Flor	ida 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>	<u>Name</u>	Address	Type of Action
AMBR	MANDANA REZAIE	14707 S DIXIE HIGHWAY, SUITE 106	<b>=</b> Add
		Palmetto Bay, FL 33176	B/idd
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			Change
			□Add
		□Remove	
		□Change	
		□ Add	
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			□Remove
			□Change

Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to due of filing or more than 90 days after filing.) Pursuant to 665 0.207  Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 red is filed.  Dated May 5  Signatural of a member or achieved representative of a member  ARYO REZAIE		ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:  (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 9207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 red is filed.  Dated  May  5  Signature of a member or agreenized representative of a member		
Effective date, if other than the date of filing:  (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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 rd is filed.  Dated  Aug. 5  Signatural of a member or agricorized representative of a member	_	
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Dated May 5  Signature of a member or antiporized representative of a member	Note: 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Signature of a member or amorized representative of a member		
7	Dated _	May 5, 2020.
ARYO REZAIE		Signature of a member or antiorized representative of a member
		ARYO REZAIE

Filing Fee: \$25.00