120000093269

<u></u> .
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1-123-22189
136125 22189
(2100
(314)

Office Use Only



500397479985

12/06/22--01011--011 **25.00

3/13/23 V.W.





February 17, 2023

SONIA BECERRA 3 GREENWAY PLAZA #1320 HOUSTON, TX 77046 US

SUBJECT: A5 INVESTMENT GROUP LLC

Ref. Number: L20000083268

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PAGE 2 OF THE DOCUMENT WAS MISSING. PLEASE COMPLETE THE ATTACHED DOCUMENT AND RETURN IT FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

MAR - 9 2023

Letter Number: 023A00003922

COVER LETTER

TO: Registration Section **Division of Corporations** A5 INVESTMENT GROUP LLC SUBJECT: 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: Sonia Becerra Name of Person Swyft Filings Firm/Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/State and Zip Code marvinflinvest@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Becerra Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **☎** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

A5 INVESTMENT GROUP LLC

(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	03/16/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company ho	e <u>re</u> :	
Blue Chips Equity	y LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the d	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRI	<u> </u>		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FILED 2023 HAR -9 PM SEQUENCES
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r		2 2
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida street address	
		171	
	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 Changing Registered Agent, Signature of New Registered Agent

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 Address Type of Action Title Name _ _ _ _ □Remove ______□Add ____ CRemove ☐ Change _____ □Remove ☐ Change ______ □Remove

								_
								_
								_
								_
				<u> </u>				_
_								_
		-						_
_								_
						· · · · · · · · · · · · · · · · · · ·		_
					· · · · · ·			_
_					<u>.</u>			_
								_
	 -							_
								_
		<u> </u>						_
								_
<u>iote:</u> H	the date inserted	han the date of e date must be specified in this block does on the Departmen	not meet the a	ipplicable statut	filing or more than tory filing requi	(option 190 days after fil rements, this d	al) ling.) Pursuant to 60 late will not be lis)5.0207 (sted as t
record s		l effective date, bu	at not an effec	tive time, at 12:	:01 a.m. on the	earlier of: (b)	The 90th day aff	er the
l is filed				022				
l is filed ated			·	 ·				
l is filed		A Signature	·		CO5 esentative of a mo	ember		

Filing Fee: \$25.00