Electronic Filing Cover Sheet

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From:

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Account Number : I200000000019 Phone : (305)552-5973

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE BUTTERFLY LLC

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Electronic Filing Menu

Corporate Filing Menu

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APR 2 7 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BLUE BUTTERFLY LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Compan Florida document number L20000083572	y were filed on 03/17/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
BLUE HOPE BUTTERFLY LLC		
The new name must be distinguishable and contain the words "Limited Liu	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		SEC.
		ZOZO APR 24 SBCRC TARY ALL AHASSE
Enter new mailing address, if applicable:		20 <u>1</u>
(Mailing address MAY BE A POST OFFICE BOX)		£
intaining dutiess may be a foot of the series		-1 ⁻¹ ≥ 111
		Q & KE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of thenew registeres
Name of New Registered Agent:		
New Registered Office Address:		······································
	Enter Florida strvet addre:	5.F
	, FI	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	en <u>t:</u>	

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

Title	Name	Address	Type of Action
MGR	JANET GONZALEZ VARELA	15231 SW 80TH ST APT 214	\ Add
		MIAMI, FL 33193	□Remove
			Change
			□Add
			□Remove
			[]Change
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			□Add
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			[]Change
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		·	☐ Remove
			Change

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N. 4	fective date, if other than the date of filing: n 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 605.020 tite: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.
	ecord 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 is filed.
Da	ated
	Signature of member or authorized representative of a member