## L20000 108372

(Requestor's Name)
(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:

Office Use Only



500344571715

05/15/20--01003--012 \*\*25.00

SEURE JARY OF STATE ON THE SEUR SECRETARY OF STATE OF CORPORATION

Name Change

JUN 0 9 ZOZO

D CUSHING

## **COVER LETTER**

TO: Registration Se Division of Cor		,			
BLUBUZZ SUBJECT:	ARD BUZCOIN, LLC	•			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	enitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	JAMES XILAS				
		Name of Person			
	BLUBUZZARD, INC.				
		Firm/Company			
	640 DOUGLAS AVENU	E			
		Address			
	DUNEDIN, FLORIDA 34	698			
		City/State and Zip Code			
	JAMES@BLUBUZZARD				
	E-mail address: (	to be used for future annual report noti	(दिन्द्रांसम्)	<b>~</b> > ≟≤	
For further information o	oncerning this matter, please ca	all:		0 11	
JAMES XILAS		727 <b>424-327</b> 7		- 'ñ'	- - -
Name o	f Person	Area Code Daytim	e Telephone Number	1800 P. C.	֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝ ֓֞֞֞֞֓֞֞֜֞֩֞֞֩֞֩֞֩֞֞֩֞֩
Enclosed is a check for the	ne following amount:			2: 5 <b>0</b>	717
≅ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is end	us &	
Mailina Addres	<b>*</b>	Street Address.			

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

BLUBUZZARD BUZCOIN, LLC		
(Name of the Limited Liabif (A Florid	ity Company as it now appears on or a Limited Leability Company)	ar records.)
The Articles of Organization for this Limited Liability (	Company were filed on APRIL 2	1, 2020 and assigned
Florida document number L20000108372	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company bere:	
BLU NUGGET, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDI	RESS)	
		O TELES
Enter new mailing address, if applicable:		
(Mailing address MAY RE A POST OFFICE BOX)		2 CL
		P 7700
		2: 2:
B. If amending the registered agent and/or registere	d office address on our record	s, enter the name of the new registered
agent and/or the new registered office address here:		75
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	ret address
		, Florida
	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 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 =	Ma	102	ger

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
•			🖸 Add
			□Remove
			Change
			□ Add
			□Remove
			🗆 Change
			□ Add
			[]Remove
			☐ Change
			□Add
			□Remove
			[] Change
		***************************************	□Add
			□Remove
			Change
			□Add
			□Remove
			Flot:

				<del></del>
				· · · · · · · · · · · · · · · · · · ·
				<del></del>
		<del></del>		
<del></del> -				·
<del></del>	<del></del>	··		
			<del>- · · ·</del> ·	<del></del>
				<del>,_</del> .
ffective date, if other than th	he date of filing:		(antion	alì
an effective date is listed, the date m	ust be specific and cannot	be prior to date of filing	g or more than 90 days after fil	arry ing.) Pursuant to 605.020
ote: If the date inserted in this ocument's effective date on the	Department of State's r	e applicable statutory ecords.	y filing requirements, this d	ate will not be listed as
record specifies a delayed effect	tive date, but not an effe	ctive time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
is filed.			(-,	and the day and all
MAY 13 a	2020	,		
ated MAY 13	2020	··		
	12045)			
11/1/10/11				
	Signature of a member	or authorizad	untire of a mark	<del></del> -
	Signature of a member	or authorized represen	stative of a member	

Filing Fee: \$25.00