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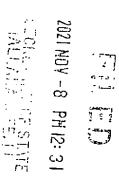
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Baby Blue Contractors, LLC. 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:
James R. DeCarlo Name of Person
Baby Blue Contractors, LLC.
9281 E. River Drive
Navarre, Florida 32566 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames R. De Carlo at (850) 313-9074 Name of Person Area Code 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 & Certified Copy (additional copy is enclosed)

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** FHED

Baby Blue Contra	ctors, LLC	
(Name of the Limited L (A F	ability Company as it now appears of intrirecords: Ph 2: lorida Limited Liability Company)	31
The Articles of Organization for this Limited Liabil	collowing: the of the limited liability company here: the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." tolicable: EET ADDRESS) The registered office address on our records, enter the name of the new registered dress here: Enter Florida street address Florida	
Florida document number <u>L2000011715'</u>	1 ·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A.	DDRESS)	
		
Enter new mailing address, if applicable:		
(<u>Mailing address MAY BE A POST OFFICE BO)</u>	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Anthony K. DeCarlo	9281 E. River Drive	□Add
		Navarre, Florida	ØRemove
		32566	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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