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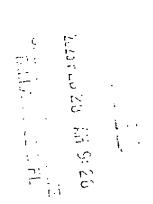
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COVER LETTER

	gistration Sovision of Co			
SUBJECT:	BLUESTO	NE SOLUTIONS LLC		·
50051.01.		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return	all correspo	ondence concerning this matter	r to the following:	
		KHANITHA KHOUNPH	IXAY	
			Name of Person	
			Firm/Company	<u></u>
		CEDAR BLUFF LN		
			Address	- 3
		OCOEE, FL 34761		Zulia Fico
			City/State and Zip Code	20
		E-mail address: (to be used for future annual report notification)	— : E
For further in	formation co	oncerning this matter, please c	all:	5 P. S.
KHANITHA	KHOUNPH	IIXAY	407 969-2909	F E C
	Name of	Person	at ()	ımber
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee. dificate of Status & dified Copy ditional copy is enclosed)
	ling Address		Street Address:	
	gistration S ision of Co	orporations	Registration Section Division of Corporations	
	. Box 6327		The Centre of Tallabassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUESTONE SOLUTIONS LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 05/25/2020	and assigned
Florida document number L20000145652	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
"he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADD</u>	RESS)	
		2.
		57
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		C
· · · · · · · · · · · · · · · · · · ·		n. ====================================
		11.1
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	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, 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>	<u>Address</u>	Type of Action
CEO	UPSHIRE, MICHAEL JR	4417 13TH	□Add
		470	≡ Remove
		SAINT CLOUD, FL 34769	□Change
			□Remove
			☐Change
			
			Removel .
			— □ Add
			□Remove
			Change
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		<u> </u>	9: 26
		- Fi	C.:
ective date, if other than the date of filing:	(optio	nal)	

Typed or printed name of signee