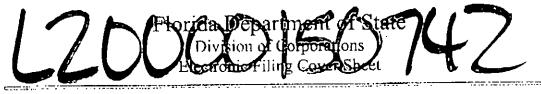
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Division of Corporations

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Division of Corporations

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From:

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Phone : (954)567-0013

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **NETBLUE GROUP LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			NOV RETA AHAS
Netbiu	e Group LLC		SA V
( <u>Name of the Limited Liability Co</u> (A Florida Limi	nipany as it now appears	<u>un our records.</u> )	E STATE OF THE STA
(A righted Limit	(Cu that may company)		!" <u>o</u> _
The Articles of Organization for this Limited Liability Comp	any were filed on	June 3, 2020	and accience
•	, · <u>—</u>		
Florida document number			40 IDA
This amendment is submitted to amend the following:			_
A. If amending name, enter the new name of the limited	liability company her	<u>c</u> :	
The new name must be distinguishable and contain the words "Limited I	iability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDRESS	ù		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			· <del></del>
· · · · · · · · · · · · · · · · · · ·	Enter Florid	lu street address	
		, Florida	Zip Code
	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

## H21000409968 3 Page 3 of4

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>	Name	<u>Address</u>	Type of Action
MGR	William J. Carrill	1227 Pine Street	
		Ароркя, FL 32703	≣Remove
			CChange
MGR	William J. Carril	1227 Pine Street	Add
		Apopkii, FL 32703	□Remove
			□Change
		<u>.</u>	□ Псипоче
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