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SECRETARY OF STATE
TOTAL OF CORPORATIONS

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. COVER LETTER

TO: Registration Sec Division of Corp			·.
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SUBJECT:	L) Dluepn	at, LLC	· · · · · · · · · · · · · · · · · · ·
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Chri	stian Suddin	
	. —	Name of Person	
	CS (Bluepnot, LLC Firm/Company	
		Firm/Company	
	9201 NW	57th Street Af	T 301
		Address	<u></u>
	Tamar	City/State and Zip Code	
	10-1-10-1	City/State and Zip Code	
	Contact	.CSblueprint.info))
	E-mail address: (to be used for future annual report no	tification)
For further information co	ncerning this matter, please ca	all:	
		at (_
Name of	Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Stree <u>t Address:</u>	
Registration Se	ection	Registration Se	
Division of Co	rearctions	Division of Co	rmorationa

Division of Corporations P.O. Box 6327

Tallahassec, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CS Blue C	print, LLC
(Name of the Limited Liability Comba (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000151982</u>	were filed on 632020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1451 W. Cypress Creek Road
(Principal office address MUST BE A STREET ADDRESS)	Suite 300 ' Fort Lauderdale, FL 33309
Enter new mailing address, if applicable:	1451 W. Cypress Geek Road
(Mailing address MAY BE A POST OFFICE BOX)	Suite 300 Firt Lauderdale, FL 33309
	Firt Lauderdale, FL 33309
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		-	□Remove
		·	☐Change
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			□Remove
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fan effective date is list Note: If the date inse	her than the date of ed, the date must be specented in this block does date on the Department	ific and cannot be prior s not meet the applic	able statutory filing	(option than 90 days after fill requirements, this d	ling.) Pursuant to 605 0)207 i as
record specifies a de l is filed.	elayed effective date, b	ut not an effective ti	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after t	the
ated July	J9 Signatur	2022 hustien of a member or author	Jadalia onized representative o	Га тетьет		
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