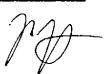
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COVER LETTER

TO: Registration Se Division of Cor			,	
SUBJECT:	CS Blue D	not LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter			
	Chas	Stan Siddin Name of Person	. <u></u>	
	CS	Blue Dnnt, LLC Firm/Company		
	9201 N	W 57th Street A	pt 301	
		City/State and Zip Code		22 SEP -6 PH 3: 33
	E-mail address: (C+@CSD WPnn+1 to be used for future annual report notifi	Cation)	-6 PH
For further information e	oncerning this matter, please c	all:		<u></u>
Christian	Suddin	at (917) 750 · (0033 Telephone Number	သ
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Enclosed is a check for the	•	[] \$55.00 Filing Foo &	☐ \$60.00 Filing Fee	a
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sta Certified Copy (additional copy is e	atus &
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion	
Division of C		Division of Corp		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

CS Bluepi	rint, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	-	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000151932</u> .	were filed on 6320	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 abb	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1451 W. Cypress Cre STE 300 Fort Lauderdale, FL	ck Road
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		22 SEP
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	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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>	Name	Address	Type of Action
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			□Remove
			□Change
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