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(Re	questor's Name)			
(Ad	dress)			
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(Ĉit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Registration Division of	n Section Corporations		
Blue P	alm LLC		
SUBJECT.		Name of Limited Lia	bility Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s)	are submitted for filir	ng.
Please return all con	respondence concerning this	matter to the followin	g:
David Bowie			
	Name of Person		_
Blue Palm LLC			
	Firm/Company		_
1440 SW 16 ST.			
7 65	Address		-
Boca Raton, FL 334	86		
	City/State and Zip Code	-	-
bluepalmtechnologie	es@gmail.com		
E-mail address:	(to be used for future annua	l report notification)	_
For further information	on concerning this matter, pl	ease call:	
David Bowie		954	608-9722
Nai	ne of Person	at (Area Code	Daytime Telephone Number
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
≣\$25 Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FIRST	: The n	ame of the limited liability company is:	LC	
SECO:		The Florida Document number of the limited liab		
THIRL) :	Document to be corrected is: The Articles of Organ		
	1	CHECK THE APPROPRIATE BOX AND COM	IPLETE THE APPLICABLE STATEMENT	
ď		ins an incorrect statement. The incorrect statement, nent are as follows:	the reason the statement is incorrect, and the corrected	
	The na	ame is not correct. The name should be Blue Palm Tec	chnologies LLC.	
	We en	stered Blue Palm Technologies LLC in the form but wh	nen we got our confirmation, it was not correct,	
	it cut o	out the word Technologies.		
	<u>OR</u>			
	Was d		ent was defectively signed and the appropriate correction ar	c
	<u>OR</u>			
	The el	ectronic transmission of the record was defective.	6/17/2020	
	 -	Signature of Authorized Representative	Date	
		ew registered agent, if applicable :(NOTE: if correct lesignation).	ting the registered agent, the new registered agent must sign	1
I hereby provisio obligati	Faccepi ms of a ons of r chang	ll statutes relative to the proper and complete perfor my position as registered agent as provided for in Cl	ect in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and accept the hapter 605, F.S. Or, if this document is being filed to merel hat the limited liability company has been notified in writin	Į,
		Registered Age	nt's Signature	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	