

L20002266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

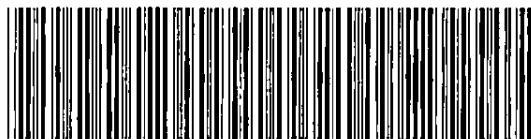
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SECRETARY OF STATE
TALLAHASSEE, FL

AD

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE MARINE FJORD 44, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier Markowicz
Name of Person
Markowicz Intl Law
Firm/Company
2999 NE 191 St Suite 702
Address
Aventura, Florida, 33180
City/State and Zip Code
jmarkowicz@mrkinternationallaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Markowicz 786 371-1295
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

Street Address:
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**

BLUE MARINE FJORD 44, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 SEP -3 AM 7:02
SECRETARY OF STATE
TALLAHASSEE
and filed

The Articles of Organization for this Limited Liability Company were filed on 07/21/2020

Florida document number L20000203366

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2999 NE 191 St, Suite 702

Suite 702

33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2999 NE 191 St, Suite 702

Suite 702

33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Javier Markowicz

New Registered Office Address:

2999 NE 191 St, Suite 702

Enter Florida street address

Aventura

City

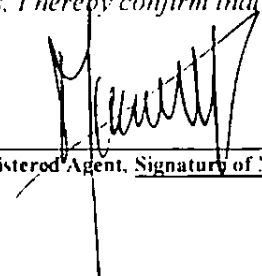
Florida

33180

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Miguel Rozensztroch	10155 COLLINS AVE # 902	<input checked="" type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sami Alkhabaz	1650 SE 17TH STREET STE 200	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

representative of

JAVIER MARKOWICZ

Typed or printed name of signee

Filing Fee: \$25.00