# L20000179952

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

TO: Registration S Division of Co			
BLUERAT SUBJECT:	FLLC		
SUBJEA.1:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	HERNANDEZ CARMEN	ATE, HOLDEN	
		Name of Person	
		Firm/Company	
	1950 W 54 ST APT, 204		
		Address	
	ШАLЕАН, FL 33012		
	1	City/State and Zip Code	11
	plexarchetype(a/gmail.com E-mail address: (	to be used for faiture annual report no	tification)
For further information (	concerning this matter, please co		·
Holden		956 465-6553	
Name	of Person	Area Code Dayur	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUERAT LLC		
( <u>Name of the Limited Liab</u> (A Flori	ollity Company as it now appears on our records.) ida Limited Liability Company)	2022
The Articles of Organization for this Limited Liability Florida document number $\frac{\text{L}20000278982}{\text{L}20000278982}$	Company were filed on 09/08/2020	JULIA DI ANTONIO DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE
This amendment is submitted to amend the following:		PM 6: 06
A. If amending name, enter the new name of the lin	mited liability company here:	06 800/
Plex Archetype I.LC		k
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "ELC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD		
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the na</u> :	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida, sweet address	
	Florida	
	C'itr	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>	<u>Name</u>	Address	Type of Action
			🖂 Add
			□Remove
			□ Change
			<u>i_</u> ]Add
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## Page 2 of 3

Effective date, if other than the date of filing:  (optional)  (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 695,020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	
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