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(Re	questor's Name)	
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(Do	cument Number)	
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			•
N.	1 214 116		g/S
SUBJECT: Ne	Blu LLC	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Roy B	Name of Verson	<b>1</b>
		Firm/Company	
	7425 5	W 50 C+. Address	
	Miami,	FL 33143 City/State and Zip Code	
	roy. Meye /E-mail address: ()	to be used for future annual report not	ail. com
For further information c	oncerning this matter, please ca	all:	
Ray B. N	leyeringh Freson	at ( <del>786</del> ) 210 -	5800 ne Telephone Number
, mane u	. remail	, nod ovac	ne receptione retained
Enclosed is a check for the	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		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, l	「 し 3 <b>2 3 1</b> 4	Z410 IN. IVIONIO	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nel Blu, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on	09/09/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·
	<u> </u>
	·
	2. 37
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	ecords, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:  Enter Flor	ida street address
	Planida
City	, 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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Roy R. Meyeringh	7425 SW 50th ct.	🗗 Ádd
	<b>3</b>	7425 SW 50th ct. Miami, FL 33143	□Rетюve
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un effective date is listed, ote: If the date inserte		annot be prior to date of et the applicable stat	filing or more than 90 days	ptional) after tiling.) Pursuant to 605.020 this date will not be listed a
record specifies a delay is filed.	red effective date, but not a	n effective time, at 1	2:01 a.m. on the earlier o	f: (b) The 90th day after the
ated Octobe	<u>. 28</u>	2020		
	MILL	(1)		
	Signature of a re-	ember or authorized re-	resentative of a member	·- · · · · · · · · · · · · · · · · · ·
	Signature of a me	O or undistrict rep		