

L20000284918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

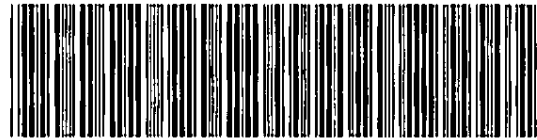
(Business Entity Name)

(Document Number)

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10/18/21--01034--012 **55.00

21 OCT 19 PM 3:21

T. MATTHEWS

OCT 27 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE PALMETTO CONSTRUCTION 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:

SANDRA CATALINA ARIZA OSORIO

Name of Person

BLUE PALMETTO CONSTRUCTION LLC

Firm/Company

13500 TURTLE MASH LOOP, APT. 810

Address

ORLANDO, FL 32837

City/State and Zip Code

CATARIZA3103@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA CATALINA ARIZA OSORIO

at (407) 580-9225

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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**

21 OCT 19 PM 3:21

BLUE PALMETTO CONSTRUCTION LLC

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

The Articles of Organization for this Limited Liability Company were filed on 9/11/20 and assigned
Florida document number L20000284918.

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:

13500 TURTLE MASH LOOP, APT. 810

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32837

Enter new mailing address, if applicable:

13500 TURTLE MASH LOOP, APT. 810

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32837

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:

SANDRA CATALINA ARIZA OSORIO

New Registered Office Address:

13500 TURTLE MASH LOOP, APT. 810

Enter Florida street address

ORLANDO

Florida

32837

City

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

21 OCT 12 PM 3:21

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GERARDO SERRANO	10648 GAWSWORTH PT	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE MORENO	13500 TURTLE MASH LOOP #810	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANDRA CATALINA ARIZA OS	13500 TURTLE MASH LOOP, APT. 810	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUSANA ANDREA RESTREPO	1602 COLUMBIA ARMS CIRCLE	<input checked="" type="checkbox"/> Add
		UNIT 208	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

21 OCT 1961

[illegible]

10/14/21


(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

OCTOBER 14

2021


Signature of a member of authorized representative

SANDRA CATALINA ARIZA OSORIO

Typed or printed name of signee

Filing Fee: \$25.00