

h70 000336724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

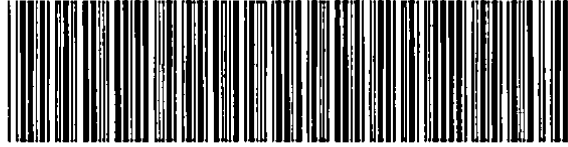
(Business Entity Name)

(Document Number)

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04/18/22--01037--026 **30.00

FILED
2022 APR 18 AM 10:08
STATE OF FL

g 4/1/2022

Registration Section
Division of Corporations

EFFECT: Bluesse Trucking, LLC
Name of Limited Liability Company

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

return all correspondence concerning this matter to the following:

Sabrina Robinson
Name of Person

Bluesse Trucking, LLC
Firm/Company

1535 Fiddlewood Ct.
Address

Royal Palm Beach, FL 33411
City/State and Zip Code

mstripee2@yahoo.com
E-mail address: (to be used for future annual report notification)

other information concerning this matter, please call:

Sabrina Robinson at (904) 633-5062
Name of Person Area Code Daytime Telephone Number

ed is a check for the following amount:

- | | | | |
|-------------------|---|--|--|
| \$5.00 Filing Fee | <input checked="" 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

FILED

2022 APR 18 AM 10:08

Bluese Tracking LLC

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

SECRETARY
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on 10-23-2020 and assigned
Florida document number L20000336724

An amendment is submitted to amend the following:

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

Bluese Logistics, LLC

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)

1555 Fiddlewood Ct.

Royal Palm Beach, FL 33411

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

1555 Fiddlewood Ct.

Royal Palm Beach, FL 33411

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

ending Authorized Person(s) authorized to be removed from our records:

M = Manager
R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
bl	Zyan Young	1555 Fiddlewood Ct.	<input checked="" type="checkbox"/> Add
		Royal Palm Beach, Fl. 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
bl	Zyre Young	1555 Fiddlewood Ct.	<input checked="" type="checkbox"/> Add
		Royal Palm Beach, Fl. 33411	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: 3/1/22 (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 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.

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 is filed.

dated March 1, 2022

Sabrina Robinson

Signature of a member or authorized representative of a member

Sabrina Robinson

Typed or printed name of signee