LZO 000378406

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TO: Registration Section Division of Corpor			P/eq.	ed why
SUBJECT: BUC	Swamp Pr	operties LL ted Liability Company	<u> </u>	change the
	and the section of th	without for Gling	Ç	ed in correctly
The enclosed Articles of Am				1,840
Please return all corresponde	nce concerning this matter	to the following:		Prote Say
	Nicolas 1	Name of Person		Should say Proper res Lic
	Bue Swam	Property Firm/Company	LLC-	۲ر
	3916 Lin	COLO St Address		
	Hollywood	FL 3307	21	
-	blue swamp E-mail address: (1	City/State and Zip Code Coperties Code Coperties Code Coperties Code	man. com	
For further information conc				
Nicolas Di	rson	at (<u>954</u>) 7 Area Code Day	2581 nime Telephone Number	_
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting F Certificate of S Certified Copy (additional copy i	Status & Y

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

Bue Swamp Properties 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 December 3, 2020 and assigned Florida document number <u>L. 20000378406</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Blue Swamp Properties LLC
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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address:
Enter Florida street address
, Florida
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>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
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<u>te:</u> if the	date, if other than the date of filing:
cord spe s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed	December 14. 2020. Minter Dick. Simple of a member of a member.
	Niwles Dit
-	Signature of a member or authorized representative of a member Nicolas Dicieco

Filing Fee: \$25.00