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TALLAHASSEE FLORIDA

AUG 2 2022 S. PRATHER

COVER LETTER

TO: Registration Section

Division of Corporations

Blue Team SUBJECT:	Investments LLC				
SUBJECT.	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Darryl Drew				
		Name of Person			
	Blue Team Investments LL	С			
		Firm/Company	 		
	7901 4th Street N. STE 30	0			
		Address			
	St. Petersburg, FL 33702				
		City/State and Zip Code	. 		
	BlueTeam.Investments@icl				
	E-mail address: (to be used for future annual report not	tification)		
For further information of	concerning this matter, please c	all:			
Darryl Drew		786 599.9355			
Name c	of Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Team Investments LLC			ALL	2022 MAY 27	
(Name of the Limited I	iability Company as it now appears on	our records.)	r:	A	
(A)	Iorida Limited Liability Company)		333	2	1
The Articles of Organization for this Limited Liabi	lity Company were filed on 01/21/20	021	_ and assigne		C
Florida document number L21000042326			[0] [1.5	ف	
This amendment is submitted to amend the following	uñ:		RIO A	6: 1,9	
A. If amending name, enter the new name of the	e limited liability company here:				
Blue Team Unlimited LLC					
The new name must be distinguishable and contain the words	"Limited Liability Company." the design	ation "LLC" or the abbre	eviation "L.L.C."		
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>				
B. If amending the registered agent and/or regis agent and/or the new registered office address h		ds, <u>enter the name (</u>	of the new re	gister	<u>ed</u>
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida st	reet address			
		. Florida			
-	City		Zip Code		
New Registered Agent's Signature, if changing Regi	stered 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
			□ Add
			□Remove
		<u>.</u>	□ Change
			□ Add
			□Remove
			Change
		· <u>-</u>	
			🗀 Remove
			Change
			□Add
			□Remove
			Change
	***		□Add
			□Remove
			□Change

). If amen	ding any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)			
(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 605.020' 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 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. Dated May 13th 2022 Signature of a member or authorized representative of a member Darryl Drew						
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		 	Typed or printed name of signee		6: 49	

Filing Fee: \$25.00