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COVER LETTER

	istration Sedision of Cor			
CUBICAT.	LIA HOM			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Anicles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
		 	Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		liahomesllc@gmail.com		
For further in	nformation co	e-mail nadress: () oncerning this matter, please ca	to be used for future annual report notifi all:	cation)
Cheyenne M	loseley		\$00 773-0888	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25,00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Tallahassec, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LIA HOMES LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on o orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L21000083167	ty Company were filed on 02/18/2	021 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Blue Advance LLC		
The new name must be distinguishable and contain the words	'Limited Linbility Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reel address
	·	, Florida
	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

_□ Add

_ Remove

_ 🗆 Change

If amending or removed (Authorized Person(s) authorized to minimum our records:	ranage, enter the title, name, and address of ea	ch person being added
MGR = Ma	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
	·		□ Remove
		·	Change
		·	Add
			Remove
			☐ Change
			□ Add [2] □ Remove
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<u>ite:</u> If i	date, if other than the date of the date is listed, the date must be specified in this block do a seffective date on the Department	ics not meet the appli	icable statutory filir	(option nore than 90 days after fi ag requirements, this o	ial) ling.) Pursuant to 605.0 late will not be listed	207 (3) as the
record The 90	d specifies a delayed effe th day after the record is	ctive date, but n i filed.	ot an effective	time, at 12:01 a.	m. on the earlier	of:
ted	May 23	, 2023	·			
	1-	-2 A	1,			
	Signat	ure of a member or and	horized representativ	of a member		
	Armando M. Suntos					

2023-07-19 16:37:16 CDT

15125973041

From: James Wise

To:

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