## 121000097089

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT: Blue	ABA, LLC		
		mited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are su	hmittad for Elica	
	condence concerning this matter	_	
	and mane	to the following.	
	Yelena Sverdlova		
		Name of Person	······································
	Capital Planning L	·- <u></u>	
		Firm/Company	
	49 N. Federal Hi		
		Address	
	Pompano Beach		
	Info@capitalplan	City/State and Zip Code	
	Info@capitalplan E-mail address:	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Info@capitalpla	nninglaw.com	at ( <u>754</u> ) <u>444-144</u> Area Code Daytim	2
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Blue ABA, LLC

(Name of the Limited Lia (A Flo	bility Company as it now appeared Limited Liability Company)	rs on our records.)	<del> </del>
The Articles of Organization for this Limited Liabilit	y Company were filed on	03/01/2021	and assigned
Florida document number <u>L21000097089</u>	<u> </u>		_
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	limited liability company h	ere:	
Blue ABA Florida, LLC			
The new name must be distinguishable and contain the words "l	Limited Liability Company," the o	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:	<u>-</u>		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address here agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	<u>e:</u>	ecords, enter the name	of the new registere
	, Florida		
<del></del>	City	, 1101100	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of l agent as provided for in C ered office address, I hereb	my duties, and I am fa Chapter 605, F.S. Or, ij	miliar with and Tthis document is

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
		<del></del>	□Remove
			Change
		<del></del>	□Remove
			□Remove
			□Change
	<del></del>		
			□ Remove
	<del></del>		□ Add
			□Remove
			□ Add
			□ Remove
			□ Change

•	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effective dat	, if other than the date of filing: (optional) e 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
Note: If the da document's eff	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.
ne record specifiord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 8 2023
	Signature of a member of authorized representative of a member
	Yelena Sverdlova, Esq., LL.M. (Authorized Person)

Filing Fee: \$25.00