L21000100398

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number))
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CORPORATE ACCESS, _____

When you need ACCESS to the world

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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Г	CERTIFIED COPY				
xx	РНОТОСОРУ				
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xx	FILING	LLC AME	ND	<u> </u>	
1.	BLUEFIN EQUITY PA (CORPORATE NAME AND DOCU	RTNERS, LLC MENT #)			
2.	(CORPORATE NAME AND DOCU	MENT #)			_
3.	(CORPORATE NAME AND DOCU	MENT #)			
4.	(CORPORATE NAME AND DOCU	MENT#)			
5.	(CORPORATE NAME AND DOCU	MENT #)		 -	
6.	(CORPORATE NAME AND DOCU	MENT #)			
SPECIA INSTRU	L ICTIONS:				
					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUEFIN E	QUITY PARTNERS, LLC	
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L21000100398	ompany were filed on03/02/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

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
AMBR	Brent Mayson	848 Brickell Avenue, PH5	\equiv Add
		Miami, FL 33131	□Remove
			□ Change
AMBR Khalil L. Braithwaite	Khalil L. Braithwaite	848 Brickell Avenue, PH5	⊒ Add
		Miami, FL 33131	□Remove
			(☐Change
			□Add
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(If an effective Note: If	e date, if other than the date of filing: (optional) tive 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) (3) (4) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tr's effective date on the Department of State's records.
the record cord is filed	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 l.
Dated _	July 28th , 2021
	Signature of a member or authorized representative of a member
	Shamark Davis, MEMBER
	Typed or printed name of signee

Filing Fee: \$25.00