K21 CCC 103 550

estor's Name)	
ess)	
ess)	
State/Zip/Phone	e #)
☐ WAIT	MAIL
ess Entity Nar	me)
ment Number))
Certificates	s of Status
ing Officer:	
	ess) State/Zip/Phon WAIT ess Entity Nation ment Number)

Office Use Only



400370013164

RECENTED JUL 26 WILL

07/26/21--01034--024 **25.00

2021 JUL 26 PM 1: 02

BRUCE NUGOT 2021

COVER LETTER

	Registration So Division of Cor						
ente de c	BLEUE LU	.C					
SUBJEC	1:		-				
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		GUSTAVO G. MORO					
			Name of Person				
		BLEUE LLC					
			Firm/Company				
		225 SEVILLE RD					
	Address					- -	
		WEST PALM BEACH, FI	L 33414				
		cristina.seaglass@gmail.com	City/State and Zip Cod m to be used for future annu-			_	
For furthe	er information c	roncerning this matter, please c		аттерогі подпіс	auon)	, 	1362
MARIA C MORO 561 215-1604 at ()				i=:"	3021 JUL 2		
	Name o	f Person	Area Code	Daytime 1	Telephone Numl	ber•	- 65 - 73 - 73
Enclosed	is a check for the	he following amount:			 ÷
≡ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		Certifi	Filing Focute of S ed Copy nal copy is	tatus &
	Mailing Addres			Address:	ian		
Registration Section Division of Corporations			tration Sect on of Corpo				
P.O. Box 6327				entre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLEUE LLC					
(Name of the Limite	d Liability Compa A Florida Limited	nny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Lia orida document number L21000103580	ability Company	were filed on 03/03/2021	and ass	igned	
nis amendment is submitted to amend the follo	wing:				
If amending name, enter the new name of	the limited liab	ility company here:			
a					
e new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LEC" or the	abbreviation "L.	L.C."	
Inter new principal offices address, if applicable:		1035 S STATE RD 7			
Principal office address MUST BE A STREET ADDRESS)		SUITE 315 #7			
		WELLINGTON, FL 33414, US			
nter new mailing address, if applicable:		1035 S STATE RD 7			
Mailing address MAY BE A POST OFFICE BOX)		SUITE 315 #7			
		WELLINGTON, FL 33414, US			
If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		address on our records, enter the na	me of the new	v regis	
		Florida _		الريد .	
		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 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
	×		DAdd
			□Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
			□Add
			□Remove
			La Change
			☐ Ghange
			□ Remove]
			☐Remove ☐
			□Add
			□Remove
			□ Change
			bb∧□
			Remove
			□Change

Typed or printed name of signee