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(Requestor's Name)
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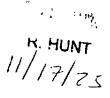
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COVER LETTER

	stration Se ion of Cor			
SUBJECT:	Bluesapp P	roperties LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		Bensley Faustin		
			Name of Person	
		Bluesapp Properties LLC		
			Firm/Company	
		228 miles court		
			Address	· · · · · · · · · · · · · · · · · · ·
		Davenport, FL 33837		
		bluesappenterprise@gmail.	City/State and Zip Code	
			to be used for future annual report no	otification)
For further info	ormation c	oncerning this matter, please c	all:	
Bensley Faust	in		407 883-8299	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a c	check for th	ne following amount:		
■ \$25.00 Fil	ling 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)
	ng Addres		Street Address:	· aadia a
	stration S sion of C	Section orporations	Registration S Division of Co	
	Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bluesapp Properties LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
Bluesapp Enterprise LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
Principal office address MUST BE A STREET ADDRESS)		
		<u>*</u> '**
		→ 13÷
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		+
 If amending the registered agent and/or registered offic gent and/or the new registered office address here: 	e address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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
			□Add
			Remove
			□Change
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