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(Re	questor's Name)	.
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	egistration Se vision of Cor			
OLD DECT	Blue Eyed I	Investments, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	indence concerning this matter	to the following:	
		Justin Howard		
			Name of Person	
		Blue Eyed Investments, LL	.C	
			Firm/Company	
		16509 77th Trail N		
			Address	Address
		Palm Beach Gardens, FL 3	3418	
		·	City/State and Zip Code	
		justin@blackdiamondge.com	n to be used for future annual repor	t notification)
Far firehar	information a	oncerning this matter, please of		Thomason,
		oncerning this matter, piease ca		
Justin How			561 24()-99(at ())3 aytime Telephone Number
	Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is	a check for th	ne 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)
<u>M</u>	ailing Addres	<u>ss:</u>	Street Addre	SS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears	on our records.)		
lity Company were filed on Mar	ch 12, 2021 	and as	signed
ng:			
e limited liability company her	<u>e</u> :		
s "Limited Liability Company," the de-	signation "LLC" or the abbr	eviation "L	L.,C."
e:			· · · ·
ADDRESS)	4.60-4-	2	
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stered office address on our re nere:	cords, <u>enter the name</u>	of the ne	w regist
-			
Enter Flori	da street address		
City	, Florida	Zip Code	
	ng: e limited liability company here s "Limited Liability Company," the de e: (DDRESS) Stered office address on our re ere: Enter Florid	e: (IDDRESS) Stered office address on our records, enter the name ere: Enter Florida street address Florida	and as self-self-self-self-self-self-self-self-

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>	<u>Address</u>	Type of Action
MGR	Justin Howard	16509 77th Trail North	MAdd
		Palm Beach Gardens, FL 33418	_
			ange
AMBR	Aliya Howard	16509 77th Trail North	□ Add
		Palm Beach Gardens, FL 33418	□Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than	the date of filing:		_ (option	al)
ective date, if other than effective date is listed, the date	must be specific and cannot	be prior to date of filing of	or more than 90 days after fi	ling.) Pursuant to 605.0207
te: If the date inserted in the nument's effective date on the	is block does not meet the ne Department of State's i	2 applicable statutory is records.	ung requirements, this t	rate witt not be usted as
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cord specifies a delayed effi	ective date, but not an effi	ective time, at 12:01 a	m, on the earlier of: (b)	The 90th day after the
s filed.	THE WHITE CAN THE MIT WITH			The second and the second
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_K4	حيسة		tive of a member	

Typed or printed name of signee