## h21000147019

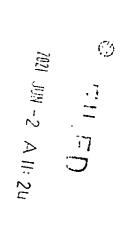
(Requestor's Name)	
(Address)	30036
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	06/02/21
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	ā

Office Use Only 5- C.
07-102-121



300366440003

06/02/21--01025--001 \*\*25.00



## **COVER LETTER**

,

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations			
SUBJECT:	BLUE MARLIN INVERSION	NES LLC		
30bst.c.r.		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	V	CICTOR SAIZARBITORIA		
		Name of Person		
	<u> </u>	AKI SAIZARBITORIA, ESQ., P.A. Firm/Company		
	2	1 SW 15TH ROAD, SUITE 200 Address		
	M	IAMI, FLORIDA 33129 City/State and Zip Code	<del></del>	C):
		City/state and Zip Code		G N
	E-mail address: (	to be used for future annual report notif	cation)	7021 JUN
For further information of	concerning this matter, please c	all:		
VICTOR SAIZARBITORIA     at ( 305 )     374-4106       Name of Person     Area Code     Daytime Telephone Number		_ > :1		
Name (	n reison	Area Code Daytime	Telephone Number	) II: 2u
Enclosed is a check for t	he following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &
Mailing Addre		Street Address:		
Registration Section Division of Corporations		Registration Sec Division of Corp		
P.O. Box 6327		The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	N INVERSIONES LLC			
(Name of the Limite	ed Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)	_	
The Articles of Organization for this Limited Li	ability Company were filed on0	4/19/2021	and ass	igned
Florida document number <u>1.21000167018</u>	<del></del> ·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the desig	nation "LLC" or the a	abbreviation "L.1	C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u> <u>BOX)</u>		102	<u></u>
B. If amending the registered agent and/or re agent and/or the new registered office addres		rds, enter the nar	ne of the new	register
			$\triangleright$	. : !
Name of New Registered Agent:	Jessica Rivera		<del>-</del>	
New Registered Office Address:	20 Biscayne Blvd., 1st Fl		211	
			33132	
	Miami City	, Florida	23132 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	Manuel Antonio Berckemeyer		□Add
			□Remove
		· <del></del>	□Add
			□Remove
			□ Change
			☐Remove
			≥ ERemove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			∏ Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) F. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant u 005.0207 (5)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated \_\_\_May Signature of a member or huthorized representative of a member

Filing Fee: \$25.00