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## **COVER LETTER**

TO:

	Registration Se Division of Cor			
CUDICA		X APARTMENTS LLC		
SUBJEC	.1:	Name of Limi	ted Liability Company	
The encle	osed Articles of .	Amendment and fec(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		FLORENCIA BARRERA		
			Name of Person	
		BLUE-MAX APARTMEN	TS LLC	
			Firm/Company	
		18081 BISCAYNE BLVD	APT 1605	
			Address	<del> </del>
		AVENTURA, FL 33160		
			City/State and Zip Code	
		florenciab25@hotmail.com		
		E-mail address: (	to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please c	all:	
FLORE	NCIA BECERR	A	305 726-7171	
	Name o	f Person		ne Telephone Number
Enclosed	t is a check for th	ne following amount:		
<b>■ \$</b> 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)
	Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	Division of Corporations	
	P.O. Box 632		The Centre of	
	Tallahassee,	rt. 52514	2415 N. Monto	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

07 23 PH 1: 2 1 BLUE-MAX APARTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/03/2021 and assigned Florida document number \_\_\_\_L21000258363 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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
AMBR	INMOBILIARIE LLC	18081 BISCAYNE BLVD APT 1605	■Add
		AVENTURA FL 33160	□Remove
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record specifies a delayed effective of is filed.	late, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90	)th day after the
SEPTEMBER 23	2021	d representative of a member	
970	B		
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Typed or printed name of signec