

L21000273229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

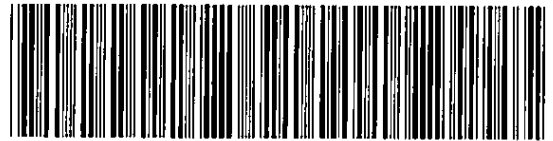
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



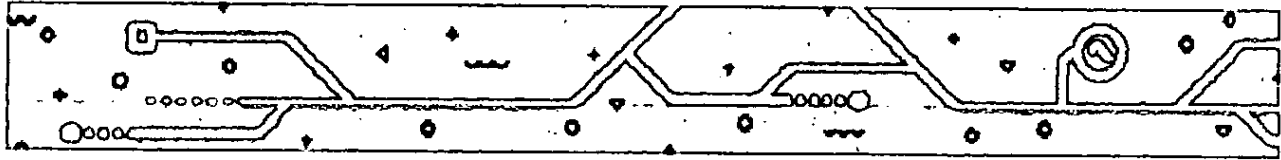
600407376496

04/27/23--01023--013 *\$25.00

FILED
2023 APR 27 PM 6:02
TALLAHASSEE, FL

S. FRANKLIN

JUN 16 2023



zenbusiness

04/13/2023

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: EQUANIMITY INVESTMENTS LLC

To Whom It May Concern:

_____Attached please find the executed **Articles of Amendment** for the above referenced.
Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc.
Attention: Nicholas B
5511 Parkcrest Dr. Ste 103
Austin, TX 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you.

Nicholas
ZenBusiness Customer Success

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EQUANIMITY INVESTMENTS 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 06/11/2021 and assigned
Florida document number L21000273229.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Blue Gems FL LLC

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)

FILED
2023 APR 27 PM 6:03
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FL

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

_____, **Florida**
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan Bullock	1317 Edgewater Drive #4678	<input type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Julie Bullock	1317 Edgewater Drive #4678	<input type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jonathan Bullock	1317 Edgewater Drive #4678	<input checked="" type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Aidan Groll	1317 Edgewater Drive #4678	<input checked="" type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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 to 605.0207 (3)(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 April 21st 2023

/S/ Jonathan Bullock

Signature of a member or authorized representative of a member

Jonathan Bullock

Typed or printed name of signee