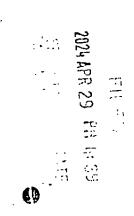
## L21000 276 680

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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corpo			
SUBJECT: Oakle	ev Blue 1.1.C	ited Liability Company	
30B3Ect	Name of Lim	ited Liability Company	
	mendment and fee(s) are sub		
Piease return all correspond	ience concerning this matter	to the following.	
	Lewis	B. Krantz III Name of Person	
	Oakley	Blue, LLC	
		Firm/Company	<u></u>
	3510 SW R	ivers End Way	
		Address	
	Palm City,	FL 34990 City/State and Zip Code	
	Lewis@0	akleyblue. Com to be used for future annual report no	ification)
For forther information god			incurion)
For further information con	cerning this matter, please ca	d11.	
		at () Area Code Daytin	
Name of P	Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	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)
Mailing Address:		Street Address:	

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**

Oakley Blue,	LCC
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	filed on 06/14/2021 and assigned
Florida document number <u>L21000276680</u>	
This amendment is submitted to amend the following:	
This alteriories is submitted to afficing 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 Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<i>;</i>
Enter new mailing address, if applicable:	<b>2021</b>
(Mailing address MAY BE A POST OFFICE BOX)	25
	. 20
	7
B. If amending the registered agent and/or registered office addr	ess on our records, enter the name of the new registere
agent and/or the new registered office address here:	
	and the second s
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Lewis Krantz III	3510 SW Rivers End Wa	<u>Y</u> □Add
		Palm City, FL 34990	□Remove
			X Change
VP_	Chelsea Matakaetis.	3510 SW Rivers End	My XAdd
	Boorman - Krantz	Palm City, FL 34990	□ Remove
			□Change
AMBR	Mike Matakaetis	3510 SW Rivers End Wa	<u>Y</u> □Add
		Palm City, FL 34990	<b>X</b> Remove
			□Change
<del></del>			□ Add
			□Remove
			Change
		-	□ Add
			□ Remove
		<del></del>	□Change
		<del></del>	🗆 Add
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
an e lote:	tive date, if other than the date of filing:
	ord 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 filed.
atec	l,
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  ELJI S RANTZ  Typed or printed name of signec
	LEUS KRAUTZ

Filing Fee: \$25.00