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COVER LETTER

TO: Registration Secti Division of Corpo	ion rations	,	
SUBJECT: ROY	A Blue War	OJEMEN † LL ed Liability Company	<u>C</u> .
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	ERIXO	CANHERO Name of Person	
	Mode	2) Firm/Company	SEKLIKIS
	1000 RU	BUX 2412	
	W(odstock, GA	30188
	E CILA. C.	City/State and Zip Code Obe used for future annual report notif	Omail. Com
For further information con-	cerning this matter, please cal	II:	
EPIXA Name of P	CANTERO erson	at (<u>U78</u>) <u>U43</u> Area Code Daytime	3-CTI / Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Royal Blue Management I LC
(Kame 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 $\frac{00212021}{400285}$ and assigned
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)
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
City Zin 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> 1 <u>MG</u> R	<u>Name</u> Matthew Dwen	Address Manning 102 Summe	Type of Action
		Marning 102 Summer Panama City Bear	M. FL 324BRemove
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ffective an effect	e date, if other than the date of filing:
TOTEC: 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
	The same of the proportion of State 3 records.
record s Lis filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
i is men	
ated	JULY 60 2024 1
	Signature of a member or authorized representative of a member
	FRIVE Company

Filing Fee: \$25.00