12000347958

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21 AUG 16 PH 1: 1

COVER LETTER

Division of Cor			
BLUE FO.	CENTERPRISES LLC		
NUBJECT:	Name of Lim	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:	
	RABI SAMI		
		Name of Person	
	BLUE FOX ENTERPRISE	ES LLC	
		Firm/Company	
	1396 SWEET WILLIAM	LANE	
		Address	
	WEST PALM BEACH, FI	L 33415	
		City/State and Zip Code	
	HELP,BLUEFOX@GMAI		
		to be used for future annual report not	(heation)
For further information e	oncerning this matter, please co	all:	
RABI SAMI		561 827-9161	
Name o	f Person	at ()Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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:
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

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BLUE FOX ENTERPRISES 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 <u>08/02/2021</u>	and assigned
Florida document number L21000347958		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1396 SWEET WILLIAM LANE	
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 334	15
Enter new mailing address, if applicable:	1396 SWEET WILLIAM LANI	?
(Mailing address MAY BE A POST OFFICE BOX)	WEST PALM BEACH, FL 334	15
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter t	he name of the new registered
New Registered Office Address:	Enter Florida street address	
		ridaZip Code
	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: 21 AUG 16 PM 1: 11 MGR = Manager AMBR = Authorized Member Type of Action **Title** Name > Address \square Add □Remove □ Change \square Add □Remove _ UChange \square Add □Remove □ Change __ 🗀 Add □Remove □ Change \square Add □Remove □ Change \square Add □Remove

_ 🗆 Change

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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the December 1.	t be specific and cannot be prior to dock does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective record is filed.	e date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2021	
	Signature of a member of authorize	
	Signature of a member of authorize	d representative of a member

Filing Fee: \$25.00

Typed or printed name of signee