L21000367683

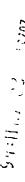
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S. ROBERTS
MAY 1 3 2023

·COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
CUD IF C		Blue Capital LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Alfredo Pedroso		
			Name of Person	
			Firm/Company	
		9000 SW 86 Street		
			Address	
		Miami, FL 33173		
		• • • • • • • • • • • • • • • • • • • •	City/State and Zip Code	
		alfredo.pedroso@gmail.con	n to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c		cursur,
Alfredo	Pedroso		305 903-1958 at ()	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 Addres		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orange & Blue Capital LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	ed on August 16, 2021 and assigned
Florida document number L21000367683	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
Exile Media Holdings, LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "L.L.C." 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:	21
Mailing address MAY BE A POST OFFICE BOX)	22:
Training table (35 Will BETT 1 GGT GT 1 TCD DOTY	,
	• • •
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new regi
gent and/or the new registered office address here:	
	<u>r</u>
Name of New Registered Agent:	(A)
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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	
	
 	
If an effective date is lister	ter than the date of filing:(optional) d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 arted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the status of
	date on the Department of State's records.
e record specifies a del d is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
March 21	2023
Dated	
	Signature of a member or authorized representative of a member
	Alfredo Pedroso Typed or printed name of signee