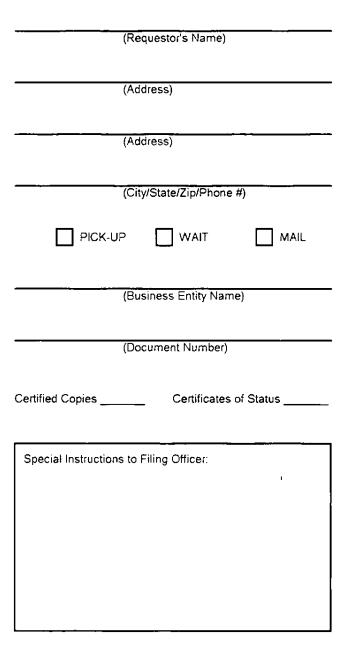
## L21000 452 786









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98:8 17 20 77:332

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Code Blue Sulvinons, LC			
Part of the information concerning this matter, please call:  North of Ferson   Status   Stat			
The enclosed Articles of Amendment and fee(s) are submitted for filling.			
Nadia Ramuattansing!			
Firm/Company			
1109 Francisco Parkuvay			
Address			
Palm Beach Gardens FZ 33410			
E-mail address: (i) be used for future shinual report notification)			
For further information concerning this matter, please call:			
Nadia 8. Sinoh $\frac{31(508)}{500} = \frac{5001 - 5230}{5000}$			
Name of Person 'S Area Code Daytime Telephone Number			
SS 00 Filing Fee & S00.00 Filing Fee.			
Certificate of Status  Certified Copy  Certified Copy  (additional copy is enclosed)  Certified Copy			
8			
Street Address:			
Registration Section			
Division of Corporations  The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on (XT) NY 18, 2021	and assigned
Florida document number <u>L210004527876</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	line Company " the designation "ELC" or the abbre	viation "L L.C."
	819 Madison Court	20
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	Palm Beach Gardans	
	PC 33410	
	and have the last	F7 1
Enter new mailing address, if applicable:	819 Michael Court	(2)
(Mailing address MAY BE A POST OFFICE BOX)	Palm Reach Gardens	·.)
	Ft 33910	<del></del>
B. If amending the registered agent and/or registered office	address on our records, enter the name of	f the new register
B. It amending the registered agent and/or the new registered office address here:		
T A	Montes De Oca	
Name of New Available		
New Registered Office Address: 319 10	Enter Florida street address	
Det. 0	Florida 3	3410
<u>Puin p</u>	Cach Gudens, Florida 3	Zip Code

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

of Changing Registered Agent, Signature of New Registered Agent



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>	Name	Address	Type of Action
MC	Nadia <u>Kanija Hansing</u> h	169 Evergrene Parking	□Add
		Palm Brach Gardons	Remove
		FC 33410	Change
			□ Add
			□Remove
	<del></del>		
			□Remove
			Change
<del></del>			□Add
			□Remove
			□ Change
			🗀 Add
			🗆 Remove
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing: 41517024 (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 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	:07 (3): as the
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.	ìē
Dated April 15 , 2024  Signature of a member or authorized representative of a member	
Nacia Ramiattaningh Typod or printed name of signee	

Filing Fee: \$25.00