1220000 41088

(Requestor's Name)
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Bluesline El Name of Lim	Lectrical LLC lited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	File	O Olyans Name of Person	
	Blues	hine Electrical	LLC
	2088	Central aue	
	Fort Ny blueshine e	City/State and Zip Code Lettical a gnainto be used for future annual/seport not	Icom Ilication)
For further information	concerning this matter, please c	all:	
Fidel O	lucies of Person	at (<u>Z39</u>) <u>20((</u> Area Code <u>Daytim</u>	old 30 == Telephone Number = FS
Enclosed is a check for	the following amount:		
№ \$25.00 Filing Fee	S30.00 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 Addra Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	octical LL pany as it now appears on or	r records)	
(A Florida Limited	Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>01 - 7</u>	21-2022 and a	nssigned
Florida document number 172 a xxx 410 88 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		0	•
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BOX)			
			.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, <u>enter the name of the n</u>	ew registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	ret address	
		Florida	
	City	Zip Coo	le
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my di provided for in Chapte	uties, and I am familiar v er 605, F.S. Or, if this do	with and cument is

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
MGR	Jorge David Gomez	4011 2nd St SW	K Add
	Carreño	Lehigh acres, FL, 33976	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change

	
	
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etive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing at 1f the date inserted in this block does not meet the applicable statutory to ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a. filed.	.m. on the earlier of: (b) The 90th day after t
1 Hay 8th 2023.	
	•
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