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(((H22000128114 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 1200000000205 Phone : (305)416-6800 Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil Address:	iose@agi-ra.com	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE POINT ORLANDO, LLC

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ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

BLUE POINT ORLANDO, LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on or a Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L22000058314</u>	Company were filed on February	14, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our record	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet 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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H220001281143)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE MARIA RIBOT BARROSO	1000 BRICKELL AVE STE 300	■Add
		MIAMI, FL 33131	□Remove
			Change
	·		□Add
			□Remove
			□ Change
			🗆 Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			
			Remove
			☐ Change

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