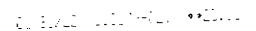
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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A. BUTLER DEC -5 2022

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

	DEN INVESTMENT LLC		
. <u></u>	Name of Lim	nited 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:	
	ANGEL D CORDOVA		
		Name of Person	
	ANGEL D CORDOVA &	CO	
		Firm/Company	<del></del>
	780 NW 42 AVE, SUITE	325	
		Address	
	MIAMI, FL 33126		
		City/State and Zip Code	<del></del> ,
	ANGEL@ACORDOVA.C	OM	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
ANGEL D CORDOVA		305 444-5511	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations Fallahassee
Tallahassee, FL 32314		2415 N. Monro Tallahassee, FL	e Street, Suite 810 2 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SUN GARDEN INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records!) (A Florida Limited Liability Company) 02/21/20221/ The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L22000072135 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BLUEVIEW POINT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NA Enter new principal offices address, if applicable: NA (Principal office address MUST BE A STREET ADDRESS) NA NA Enter new mailing address, if applicable: NA (Mailing address MAY BE A POST OFFICE BOX) NA B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: NΑ Name of New Registered Agent: NΑ New Registered Office Address: Enter Florida street address . Florida NA Zip Code NA City 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 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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>		***************************************	🗀 Add
			Elp.
			□Change
			_
			70
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
If an effective Note: If the	date, if other than the date of filing:
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	x 8/19/2022
	v A
	X Signature of a member or authorized representative of a member
	X RATAEL PEUN  Typed or printed name of signee

Filing Fee: \$25.00