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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SEURETARY OF STATE

## COVER LETTER

TO: Registration So Division of Cou		,	
Blu Enterp	rises, LLC		
SUBJECT:	Name of Lim	ited Liability Company	18.88
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Jennifer Tima		
	_	Name of Person	<del></del> -
	Blu Enterprises, LLC		
		Firm/Company	
	7699 NW 20th CT		
		Address	<del></del>
	Sunrise, Fl. 33322		
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Jennifer Tima		954 7938324 at()	
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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:	etion
Registration Division of C		Registration Sec Division of Cor	
D.O. Pay 623		The Course of T	-

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 16 PM 4: 36

Blu Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Con	pany were filed on	and assigned
Florida document number L22000167381		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la Zip Code
	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>	<u>Address</u>	Type of Action
CEO	Jennifer Tima	7699 NW 20TH CT SUNRISE FL 33322	<b>=</b> Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□ Add
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			□Change

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Filing Fee: \$25.00