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# COVER LETTER

TO: Registration Section

Division of Co	rporations				
	& Co., LLC				
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	<del>-</del>			
	Luis Agustin Meneses Cu	calon			
		Name of Person			
	Bluepoint & Co., LLC				
		Гітп/Cотрапу			
	8899 NW 107th Ct, Unit 2	218	2023 OCT 16 PH 1+5 SECRETAL ALAMAN AND A PH 1+5		
		Address			
	Doral, FL 33178				
		City/State and Zip Code	700		
	luismenesese@hotmail.com	n to be used for future annual report no	i pro 🗗		
For further information c	oncerning this matter, please of	•	ancarony		
Luis Agustin Meneses C	ucalon	786 538-8866			
Name o	f Person		me Telephone Number		
Enclosed is a check for the	ne 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 Registration S		Street Address: Registration Se	ection		
Division of C	orporations	Division of Co	rporations		
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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company were filed on 04/11/2022  Florida document number 1.22000171834				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "	LLC" or the abbrev	viation "L.l	C."
Enter new principal offices address, if applicable:	8899 NW 107th Ct, Unit 2	18 Doral, HE331	78 🛱	
(Principal office address MUST BE A STREET ADDRESS)			)CT	• .
		7.75	<u></u>	
		73 (T) 13 (T) 13 (T)	70	•
Enter new mailing address, if applicable:	8899 NW 107th Ct, Unit 2	18 Doral, FL 331	78 <del>∵.</del> ∵⊓	-
(Mailing address MAY BE A POST OFFICE BOX)			<u>, y, </u>	
	<del>.</del>			
B. If amending the registered agent and/or registered office	address on our records, <u>en</u>	iter the name o	f the new	regis
agent and/or the new registered office address here:				
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida street aa			
	Enter l'iorida street da	urexs		
	City	, Florida	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>	Address	Type of Action
MGR	Jean Paul Meneses	8899 NW 107th Ct, Unit 218 Doral, FL 33178	🗏 Add
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		TALL	<del></del>
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ffective date, if other than the d an effective date is listed, the date must b tote: If the date inserted in this bloc ocument's effective date on the Dep	oe specific and cannot be ck does not meet the ap	oplicable statutory	(or more than 90 days a filing requirements,	ptional) after filing.) Pursuant to 60 this date will not be lis	)5.020 st <b>ed</b> a
e record specifies a delayed The 90th day after the recor	effective date, but d is filed.	t not an effecti	ve time, at 12:0	1 a.m. on the earl	ier (
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