L22000224209

(Requ	estor's Name)	
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(City/S	State/Zip/Phone #	
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PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(200)	ood Emily (valing)	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

	gistration Sec vision of Corp			
eun ir er	Blue Gems (Froup LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Michael Dempsey		
			Name of Person	
		ZenBusiness Inc.		
		.	Firm/Company	
		336 E College Ave, Ste 30	1	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.com	m to be used for future annual report not	litertian)
For further	information co	neerning this matter, please ca		incanon)
Michael De	empsey c/o Zer		844 493-6249 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for the	e 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 Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JULI 21 ATT 10: 06

Blue Gems Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/12/2022 and assigned Florida document number 1.22000224209 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Julie Bullock	1317 Edgewater Drive	= Add
		4678	□Remove
		Orlando, Fl. 32804-6350	□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
		 	□Remove
			□Add
			□Remove
	•		□ Change
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			□Remove
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			□Remove
		 	□Change
			□Add
			Remove
			□Change

If amending any other informs			,	• •
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be pri lock does not meet the app	icable statutory filing	requirements, this date	g.) Pursuant to 605,0207 (1
e record specifies a delayed effecti rd is filed.	ve date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) T	he 90th day after the
Dated June 16	2022	· ·		
/s/Jonathan Bul	LOCK Signature of a member or au	thorized personalistics	d'a momboe	
	organitie of a treation of an	амилей гергезентануе с	a member	
Jonathan Bułłock		nted name of signee		

Filing Fee: \$25.00