L22000232713

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600424624026

02/29/24--01018--012 **25.00

TALL/ANGE STATE

MAR 21 2024 D CUSHING

COVER LETTER

TO:

Registration Section

BLUE COLT ENTERPRISES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: GINGER KRESS Name of Person BLUE COLT ENTERPRISES LLC Firm/Company 93 DUNE LAKES CIRCLE. UNIT J202 Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code ginger.v7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GINGER KRESS Name of Person Name of Person Name of Person Name of Person Total Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \text{ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed)	Division	n of Corpora	itions					
The enclosed Articles of Amendment and fee(s) are submitted for filting. Please return all correspondence concerning this matter to the following: GINGER KRESS Name of Person BLUE COLT ENTERPRISES LLC Firm/Company 93 DUNE LAKES CIRCLE. UNIT 1202 Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code ginger. v7@gmail.com E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: GINGER KRESS 147 Name of Person The enclosed Articles of Amendment and fee(s) are submitted for filting Fee & Certificate of Status & Certified Copy (additional copy is enclosed) GINGER KRES Certificate of Status & Certified Copy (additional copy is enclosed)		UE COLT E	NTERPRISES LLC					
Please return all correspondence concerning this matter to the following: GINGER KRESS Name of Person BLUE COLT ENTERPRISES \$1.C Firm/Company 93 DUNE LAKES CIRCLE. UNIT J202 Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code ginger.v7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GINGER KRESS 1417 209-9777 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Bigsir \text{S25.00 Filing Fee} \Bigsir \text{S30.00 Filing Fee} \Bigsir \Bigsir \text{S55.00 Filing Fee} \Bigsir \B	SUBJECT:		Name of Lim	ited Liability Company				
Address SANTA ROSA BEACH, FL 32459 City/Ntate and Zip Code ginger.v7@gmail.com E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GINGER KRESS At (17) 209-9777 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)				-				
Name of Person BLUE COLT ENTERPRISES LLC Firm/Company 93 DUNE LAKES CIRCLE. UNIT J202 Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code ginger.v7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GINGER KRESS 1417 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S55.00 Filing Fee Sco.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	Please return all o	corresponder	ice concerning this matter	to the following:				
BLUE COLT ENTERPRISES LLC Firm/Company 93 DUNE LAKES CIRCLE, UNIT J202 Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code ginger.v7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GINGER KRESS Area Code 117 Area Code Daytime Telephone Number Enclosed is a check for the following amount: School Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		•	GINGER KRESS					
Firm/Company 93 DUNE LAKES CIRCLE, UNIT J202 Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code ginger.v7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GINGER KRESS Name of Person Area Code 10		_		Name of Person	······			
Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code ginger.v7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GINGER KRESS At (Area Code) Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			BLUE COLT ENTERPRI	SES LLC				
Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code ginger.v7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GINGER KRESS at (17) Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) City/State and Zip Code Code Code Code Certified Copy (additional copy is enclosed)		_		Firm/Company				
Name of Person Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		•	3 DUNE LAKES CIRCL	.E. UNIT J202		S	20	
Name of Person Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				Address	-	CRE	24 FE	(FE
Name of Person Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		;	SANTA ROSA BEACH,	FL 32459			В 2	~
Name of Person Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		_		City/State and Zip Code	· 	Single Company	9 -	-
Name of Person Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			_ _ _	to be used for future annual report notif	ication)	S	7 7 7	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Bigsize \text{S25.00 Filing Fee} \Bigsize \text{S30.00 Filing Fee} \text{S55.00 Filing Fee} \text{S60.00 Filing Fee}, \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}	For further inform	nation conce					00	
Enclosed is a check for the following amount: \$\Bigsize \text{S55.00 Filing Fee & Gertificate of Status} \text{S55.00 Filing Fee & Gertified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	GINGER KRES	S		417 209-9777 at ()				
■ \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		Name of Per	son	Area Code Daytime	: Telephone Number			
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Enclosed is a che	eck for the fo	llowing amount:					
No. 11. A LL	■ \$25.00 Filing	g Fee □		Certified Copy	Certificat Certified	ie of Statu: Copy		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	Registr	ration Sect						
P.O. Box 6327 The Centre of Tallahassee Tallahassee, F1, 32314 2415 N. Monroe Street, Suite 810	P.O. B	ox 6327		The Centre of T	allahassee	10		

Tallahassee, FL 32303

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

BLUE COLT ENTERPRISES LLC	<u></u>			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records. Liability Company)	,)		
The Articles of Organization for this Limited Liability Company were filed on 05/18/2022				
Florida document number LZ2000232713				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
	n			
he new name must be distinguishable and contain the words "Limited Liabi		or the appreviation T.L.C.		
Enter new principal offices address, if applicable:	23 S. 7th St	— (1) (1) (1)		
Principal office address MUST BE A STREET ADDRESS)	Santa Rosa Beach, FL 32459	29 F		
	<u></u>			
Enter new mailing address, if applicable:		严酷 👵 🔃		
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new reg		
Name of New Registered Agent:				
New Registered Office Address:	Enter Christa etraat address			
New Registered Office Address:	Enter Florida street address	rida		

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>	Name	<u>Address</u>	Type of Action
MGR	JACOB TEMPLETON	93 DUNE LAKES CIR, UNIT J202	□Add
		SANTA ROSA BEACH, FL 32459	■Remove
			
			🗆 Add
			□Remove
			□ Change
			□Add
		-	□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
		<u> </u>	🗆 Add
			□Remove
			□ Change
			□Remove
			□ Change
			□Remove
			□ Change

-	
_	
-	
_	<u> </u>
-	
-	
-	
_	
_	
_	
_	
_	
_	
_	
_	
f an eff <u>Note:</u>	ve date, if other than the date of filing: O2/21/2024 (optional)
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _.	Feb 23,24.
	Signature of a member or authorized representative of a member
	\mathcal{L}
	1 11 1000 01 - 40 100 21

Filing Fee: \$25.00