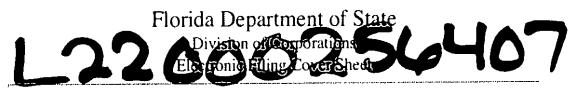
Division of Corporations

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⊙ 06/14/2022 1:09 PM 6/14/22, 4:07 PM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE BIRD R.E.I. LLC Certificate of Status 0 Certified Copy 04 Page Count \$30.00 Estimated Charge

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T. LEMIEUX Help 15 2022

## 15612148442

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

• •	•	
Blue Bird R.E.I. LLC		
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company)	.)
The Articles of Organization for this Limited Liab	oility Company were filed on 06/09/2022	and assigned
Florida document number L22000256407		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Bo	OX)	
muning undergos MATE BEAT 1001 011 102 20		
B. If amending the registered agent and/or regagent and/or the new registered office address		the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	v
	, F10	orida

## 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	TRICORP SERVICES LLC	10 Park Avenue, Suite 4J, New York, NY 10016	□Add
			CRemove
			⊠Change
			□Add
			Change
			🗆 Add
			□Remove
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☐ Change

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Note: If	date, if other than the date of filing:
	·
e record s 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	June 14th 2022
	Ashley Perkins
	Signature of a member or authorized representative of a member
	Ashley Perkins, Attorney-in-Fact Typed or printed name of signee

Filing Fee: \$25.00