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### TO: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

BLUE BIRD R.E.I. LLC
SUBJECT:

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:

	Leonardo Heidner			
		Name of Person		
	Heidner Law Firm, P.C.			
		Firm/Company		
	60E 42nd Street			*
		Address	22 S	
	New York, N.Y. 10165		22 SEP 21 PH 3: 1	ALITYLUM IF WARAN
		City/State and Zip Code	ـــــــــــــــــــــــــــــــــــــ	C:
	leo@heidnerlaw.com		Ť	Ţ
	E-mail address: t	to be used for future annual report noti-	fication)	
For further information e	oncerning this matter, please c	all:		ي <del>ا</del> ن ا
Leonardo Heidner		212 3029867		
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Sec Division of Cor		

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

# TO ARTICLES OF ORGANIZATION OF

BLUE BIRD R.E.I. LLC

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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_06/09/2022 \_\_\_\_\_\_ and assign

Florida document number \_\_\_\_22000256407

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)	
	2
	<u></u> <u></u> <u></u> <u></u>
Enter new mailing address, if applicable:	2 9
(Mailing address MAY BE A POST OFFICE BOX)	קר אר
	<u></u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new reg</u>agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	5255 Collins Ave. Apt. 10H	
<u></u>	Enter	Florida street address
	Miami Beach	Florida
	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 we 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 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.

or remove	d from our records:		

## MGR = Manager

AMBR =	Authorized	Member

Title	<u>Name</u>	Address	<u>Type of A</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

If the record 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 record is filed.

August 19 Dated	2022
	June Min
	Signature of a prember or authorized representative of a member
Leonardo Heidner	
	Typed or printed name of signee