

122000258877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

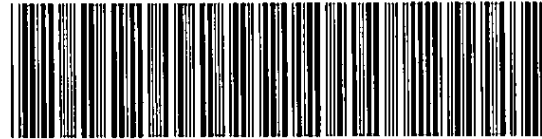
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Confetti Investment, 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:

Cynthia E Moody-Paige

Name of Person

Blue Confetti Investment, LLC

Firm/Company

31356 Tansy Bend

Address

Wesley Chapel, FL 33545

City/State and Zip Code

cmoodypaige@blueconfettiinvestment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia E Moody-Paige

\$13

3048755

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2022 JUL 18 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Blue Confetti Investment, 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 06/06/2022 and assigned
Florida document number L22000258877.

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 "L.L.C."

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

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cynthia E Moody-Paige	31356 Tansy Bend	<input type="checkbox"/> Add
		Wesley Chapel, FL 33545	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Cynthia Moody-Paige	31356 Tansy Bend	<input type="checkbox"/> Add
		Wesley Chapel, FL 33545	<input type="checkbox"/> Remove
		Add middle initial "E"; change title to AMBR	<input checked="" type="checkbox"/> Change
CFO	Wynter R Elhs	31356 Tansy Bend	<input type="checkbox"/> Add
		Wesley Chapel, FL 33545	<input type="checkbox"/> Remove
		Change Title to AMBR	<input checked="" type="checkbox"/> Change
MEM	Christopher P Ellis	2592 Blackwood Circle	<input type="checkbox"/> Add
		Clearwater FL 33763	<input type="checkbox"/> Remove
		Change Title to AMBR	<input checked="" type="checkbox"/> Change
COO	Dane Paige	31356 Tansy Bend	<input type="checkbox"/> Add
		Wesley Chapel FL 33545	<input type="checkbox"/> Remove
		change title to AMBR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

2022 JUL 18 PM 1:03
SECRETARY OF STATE
MAIL ASSISTANT

2022 JUL 18 AM 9:39
STORE FRONT
WALL MOUNTED

7730

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 28 2022

Chris Mosley-Paige
Signature of a member or authorized representative of a member

Typed or printed name of signee