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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/07/22

NAME: BLUE CASL TAMIAMI, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

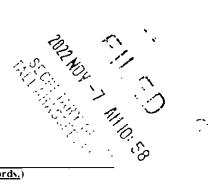
COVER LETTER

TO:

TO: Registration S Division of Co			
	SL TAMIAMI, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	M.J. Kopakin		
		Name of Person	
	Blue Sky Communities		
		Firm/Company	
	180 Fountain Parkway N,	Suite 100	
		Address	 _
	St. Petersburg, FL 33716		
		City/State and Zip Code	
	mjkopakin@blueskycomm		
	E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
M.J. Kopakin		813 766-2859	
Name	of Person	Area Code Daytin	e Telephone Number
Enclosed is a cheek for t	the following amount:		
S25.00 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 Addre Registration		Street Address: Registration Se	ction
Division of C		Division of Cor	rporations
P.O. Box 633		The Centre of T	
Tallahassee,	rl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BLUE CASL TAMIAMI, 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 6/10/2022	and assigned
Florida document number L22000266649		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	180 Fountain Parkway N	
(Principal office address MUST BE A STREET ADDRESS)	Suite 100	
	St. Petersburg, FL 33716	
Enter new mailing address, if applicable:	180 Fountain Parkway N	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 100	
	St. Petersburg, FL 33716	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the n	ame of the new registere
	, 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 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	BLUE TAMIAMI, LLC	5300 W CYPRESS STREET, SUITE 200	□ Add
		TAMPA, FL 33607	■ Remove
			□Change
MGR	BLUE CASI, TAMIAMI M, LLC	180 Fountain Parkway N	■Add
		Suite 100	□Remove
		St. Petersburg, FL 33716	□Change
			🗆 Add
			Remove
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is filed.	(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) e applicable statutory filing requirements, this date will not be listed as the records.
	Sective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November 4 202	
Shi	,
9. 6	
Shawn Wilson	r or authorized representative of a member

Filing Fee: \$25.00