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DATE: 11/07/22

NAME: BLUE TAMIAMI, LLC

TYPE OF FILING: AMENDMENT

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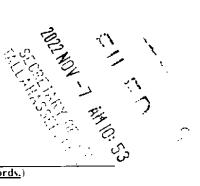
TO:

Registration Section

Division of Co	rporations		
	MIAMI, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted 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	unities.com to be used for future annual report not	ification
For further information	concerning this matter, please e		incurvity
M.J. Kopakin	,	813 766-2859	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addr Registration Division of P.O. Box 63 Tallahassec	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BLUE 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 Florida document number <u>L22000266684</u> .	were filed on 6/10/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
BLUE CASL TAMIAMEM, LLC	
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
(c) medpar upper war our management and a second	St. Petersburg, FL 33716
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	180 Fountain Parkway N Suite 100
(maining dudress mail BE 11 t OST OTTICE DOTY	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 name of the new registered
	, 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
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			□Remove
			□Change
			□Add
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			□Change
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record specifies a delayed effecti l is filed.	ve date, but not a	an effective time	e, at 12:01 a.m. (on the earlier of: ((b) The 90th day	after the
November 4		2022				
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rated	Show Signature of a n	iember or authoriz	zed representative	of a member		_