L22000284004

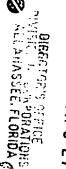
(Requestor's Name)	
(,	Address)	
(.	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
(Document Number)	
_		
Certified Copies	Certificates of	Status
[
Special Instructions to F	iling Officer:	

Office Use Only



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AJJ - 4 2023



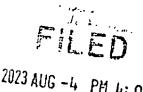
COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Blue Holdin	ac Ad unred, ind Liability Company	4
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Doer S	Sace 2 3 6; 16	eff Eshic
	Blue	Holdings Advance	ed, CCC
	1018 T	homssville Re	103 C
		Er FC 3230 City/State and Zip Code	
	blue No E-mail address: (t	و کر کر کے o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	di:	
Joel Name o	Sqe Z f Person	at (\$50) Z Area Code Daytime	12 - 1117 Telephone Number
Enclosed is a check for the	/ ·		
500 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	λ.	ZUZJ AUG -	4 PM 4:00
Blue le le le le	iability Company as it now appliorida Limited Liability Company	LCC FEORETAR	Y GF TIATE
(A F	Torida Limited Liability Company)	SSEE, FL
The Articles of Organization for this Limited Liabil	lity Company were filed on _	06/22/22	and assigned
Florida document number <u>C72000284</u>		. ,	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words	"I imited Liability Company" th	e designation "LLC" or the abb	reviation "L.L.C."
•		e designation (EEC) of the abo	icviation E.E.C.
Enter new principal offices address, if applicable	`		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u>v)</u>	• • • • • • • • • • • • • • • • • • • •	
B. If amending the registered agent and/or regis agent and/or the new registered office address here.		records, <u>enter the name</u>	of the new registered
			
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	=
		, Florida	
-	City	, x 1011414	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

Title	Name	Address	Type of Action
MGR	Joel Saez	1018 Thomssville Rd	COD Add
		Suite 103 C Tallahouse, FC 3230	> (□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Chausa.

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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	, , , , , , , , , , , , , , , , , , ,
(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	ecifies 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	81-4/23
	Signature of a member or authorized representative of a member
	Typed or printed name of signce

Filing Fee: \$25.00