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COVER LETTER

TO:

ΓΟ: Registration S Division of Co			y .
SUBJECT: K	IROS MARKETING	- UC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RIKKI KIN	Name of Person	
	KMROS MARYE	TING LLC (Soon to be	BLUE HAUS MARKETING
	PO 100X 602	Address	
	MIRAMAR BEI	TUH, FL 31550 City/State and Zip Code A) FAHO FMMI 10M	——————————————————————————————————————
For further information	E-mail address: (to be used for future annual report notif	ication)
RIVVI KIN	of Person	at (<u>860</u>) <u>914 –</u> Area Code Daytime	5173 Telephone Number
Enclosed is a check for t	the 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 Addre Registration Division of O	Section	<u>Street Address:</u> Registration Sec Division of Corp	
P.O. Box 63: Tallahassee,	27	The Centre of Tourist N. Monroe	allahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAIRDS MARKETING ILC.

(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
BLUE HAUS MARKETING LLC	
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	127 COVEWOOD WAY, APT 420 SANTA RUSA WEARLH, FL 202459
(Principal office address MUST BE A STREET ADDRESS)	31/14 1991 19/1/1/1
	an and land
Enter new mailing address, if applicable:	PU PUN VVFT
(Mailing address MAY BE A POST OFFICE BOX)	MIRAMAR BEACH, FL 22550
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of the new registered</u>
agent and/or the new regi stered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strevi aldress
	, Florida
	City ZipTrob

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
		_	
			□Remove
			□Add
			□Remove
			□Change
			- C O Add
			- DRemove
			—————————————————————————————————————
			(2) □Add
			□Remove
			□Change
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			□Remove
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			— Parmana

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tive date, if other than the date of filing:	(Clina or more than 00 days	optional) - aŭas filipa a Pueseant ta 608 l
If the date inserted in this block does not meet the applicable	statutory filing requirements	s, this date will not be liste
nent's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time.	at 12:01 a.m. on the earlier c	of: (b) The 90th day after
iled.		
1 1m 1012		
1_ 6.10.7023		
Signature of a member or authorize		

Filing Fee: \$25.00