## L22000425728

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## COVER LETTER

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Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Blookind Ti	Certer Certer (ted Liability Company	, LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dian	Name of Person	·····
	_Bookied_	The rapid Center	c, uc
	5300	Harifax D.	
		City/State and Zip Code	5
For further information c	E-mail address: () oncerning this matter, please ca	to be used for future annual report noti	fication)
Diame o	f Person	at ( <u>954</u> ) <u>805 -</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
525.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C		Division of Cor The Centre of T	
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2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bluebird Thero	2022 NOV 10 OH 8: 08
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	T AS IC HOW APPEALS ON OUR TOCOLOGY
The Articles of Organization for this Limited Liability Company v	vere filed on october 3°d 2020 and assigned
Florida document number <u>L22CC425128</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Biability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5200 Halifax Dr
(Principal office address MUST BE A STREET ADDRESS)	Tompo, FL 33615
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5000 Halifax Dr. Tompa, FL 33619
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name of the new regist
Name of New Registered Agent:	one Dorois
New Registered Office Address: 55	Enter Florida street address
	City, Florida 33615

## 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 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.

Il Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Diane Danis	5206 Halifax Dr	
		Jampa, FL 33615	□Remove
			Change
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an effective d ote: If the	late is listed, the da date inserted in t	n the date of fil te must be specific his block does no the Department o	and cannot be pot meet the ap	plicable statute			g.) Pursuant to 605.
record speci is filed.	ifies a delayed et	fective date, but r	not an effectiv	ve time, at 12:0	I a.m. on the e	arlier of: (b) T	he 90th day after
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		Dicine	o T	ار بر مار ب			

Filing Fee: \$25.00