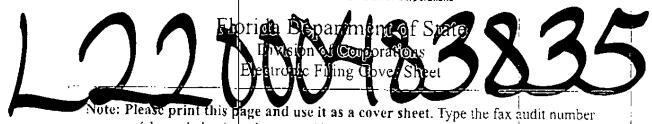
Division of Corporations



(((H24000343766 3)))

(shown below) on the top and bottom of all pages of the document.



H240003437653ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone

: (727)442-1200

Fax Number

: (727)443-5829

\*\*Enter the email address for this business entity to be used for future & annual report mallings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUEOAKESPANA LLC

THE RESERVE THE PERSON NAMED IN COLUMN 2 I	
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

OCT 1 4 2024

Electronic Filing Menu

Corporate Filing Menu

Help.

FAX AUDIT # H24000343766 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUUEOAKESPANA LLC	:	1
	mited Liability Company as it gow appears on our records.) (A Florida Limited Liability Company)	
	(A Pionica Camileo Classiffy Company)	
The Articles of Organization for this Limited	Liability Company were filed on November 10, 2022	and assigned
Florida document number L22000483835	,	
This amendment is submitted to amend the f	hllowing:	!
A. If amending name, enter the new name	of the limited liability company here:	;
The new name must be distinguishable and a sixty		
	e words "Limited Liability Company," the designation "LLC" or t	hc abbreviation "L.L.C."
Enter new principal offices address, if app		202 S ::
(Principal office address MUST RE A STRE	EET ADDRESS)	
		>1 <b>- - - - - - - - - -</b>
Enter new mailing address, if applicable:	, <u></u>	
(Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>	
		5
B. If amending the registered agent and/o	r registered office address on our records, enter the r	name of the new registered
agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing	City	Zıp Code
į		
provisions of all statutes relative to the pro-	red agent and agree to act in this capacity. I further oper and complete performance of my duties, and I a	m familiae with and
accept the obligations of my position as re-	vistered agent as provided for in Chapter 605 $FS$ $i$	Dr. If this document is
neing filed to merely reflect a change in the company has been notified in writing of the	<b>registered</b> office address. I hereby confirm that the	limited liability
	<u> </u>	
	If Changing Registered Agent, Signature of New	Registered Agent
<u>`</u>		
FAX AUDIT # H24000343766 3		

FAX AUDIT #1124000343766 3

@10003/0004 10/14/2024 1:46PM FAX 7274435828 GASSMAN, CROTTYSDENICOLO FAX AUDIT # H24000343766 3 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> Address Type of Action MCR ERIKA BRADSHAW PO BOX 3206 ≣∧dc BRANDON, Ft. 33509 □Remove ∐Change. AMBR R MARTINEZ PO BOX 3206 □Add BRANDON, FL 33509 **≅**Remove □ Change AMBR **E BRADSHAW** PO BOX 3206 □∧dd BRANDON, FL 33509 用Remove ☐ Change □Add □Remove 当 一 O**Cha**nge \_⊟Add □Remove □ Change

Filing Fce: \$25.00