## L23000026171

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Y. SCOTT SEP 16 2023

## **COVER LETTER**

TO: Registration Section Division of Corporatio	ns · · · · ·	
SUBJECT: REPU	HATION RYSELS LCC Name of Limited Liability Company	4.
V	Nume of Finned Finality Company	
The enclosed Articles of Amenda	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	THREICY R. MONDELO Name of Person	
	Blue Tide group and Service L	<u> L</u> C
	3352 tumbling River Dr	
<del></del>	Address	SIAID
	Clermont for 34711  City/State and Zip Code	ECRETA
		00. V8.4.
	F-mail address: (to be used for future annual report notification)  Respectively:  Respectively:	(PDS) 무 SI
For further information concerning	ng this matter, please call:	
Threicy mo	mdela 3015618	**
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the follow	ving amount:	
	30,00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Division of Corporations The Centre of Tallahassee	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REPUTATION K	ysells	LLC	manuda \	
(A I	Florida Limited Lie	ability Company)	recorus.)	
The Articles of Organization for this Limited Liabi Florida document number <u> </u>	lity Company w	were filed on $\frac{01}{1}$	2/202	3 and assigned
This amendment is submitted to amend the following				SE DIVISI <b>2023</b> <i>I</i>
A. If amending name, enter the new name of the	e limited liabili	ty company here:		
Blue tide group	and Se	rvice 11c	·	28 00 F
The new name must be distinguishable and soptain the words	"Limited Liability	y Company," the designatio	n "LLC" or the abb	reviation "高界色
Enter new principal offices address, if applicable	e:	45.33. Pou	<u> Jderhor</u>	N M OFFE
(Principal office address MUST BE A STREET A	LDDRESS)	DR Cle	rmont	段 834711
				\ 
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	3352 Tum Clermon	bling K	2 IVER DR 34711
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ldress on our records,	enter the name	of the new registered
Name of New Registered Agent:	5Tepl	Powderh	Querr	ero
New Registered Office Address:	4533	Founder h		ace DR
_	Cle	ermont		34711
		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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Henry Mondelo	3352 tumbling River Dr Clermont fc 34711	□Add
		34711	ÆRemove
		<u> </u>	□Change
AMBR	ENRIQUE Mondel	C, 3352 TUMBLING RI FL 34711	VER_ □Add
			\ARemove
			□Change
AMBR	Threicy R. Mondelo	4533 Pouderhorn Place	<u>€</u> ;£Add
		Dr Clemont fc 34	<u>}                                    </u>
			□Change
<u>mbr</u>	<u>Stephanie M guerre</u>	ro 4533 Powderhorn	XAdd
		Place DR Clermont FL 34711	□Remove
			□Change
			ONSECRETE LEO  ONSECRETE LA LE
			Remove
			V □ Cirpling
			□Add
			□Remove
			□Change

A Section

meno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary,)
Y	emove AMBR names (REMOVE)
0	ind added new ones
	remove Registered Agent added new on
	change name of LCC company to
	Blue Tide group and Service CCC
_	
	202
_	U6 28
	7 CS-
	7 2: 34 2: 34
	34 HONS
tive	e date, if other than the date of filing: (optional)
ffect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
	August 20 2012
d	August 20,2023 /)
	(100) (00) 000
	Signature of amember or authorized representative of a member
	Everale Cosor J. Mandel
	Eurique Cesar V. Mondelo