3/13/23, 11:45 AM Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000033692

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000095001 3))

H23000950013AECU

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 : HR SOLUTIONS WITH INTEGRITY LLC
Account Number : I20230000832
Phone : (954)857-6662
Fax Number : (754)663-5232

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLEU ASSETS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

2023 MAR 13 AM 11:19

2023 MAR 13 PM 12:57

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

H23000089449 3

TO: Registration Section
Division of Corporations

SUBJECT: BLEU ASSETS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carla Sephestine
Name of Person

HR Solutions With Integrity
Firm/Company

7612 Courtyard Run W
Address

Boca Raton FL 33433
City/State and Zip Code

hrsolutions.integrity@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Sephestine at (954) 857 6662
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee ☐ $30.00 Filing Fee & Certificate of Status ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $60.00 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

H23000089449 3

H 23000089493

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REU ASSETS LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/18/2023 and assigned Florida document number L23000033692

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:
Enter Florida street address

, Florida
City *Zip Code*

2023 MAR 13 PM 12:58

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

H23000089449 3

H23000894493

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	Thomas Nelson	712 Toledo Place Kissimmee FL 34758	☒Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change

H23000894493

H23000089449 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) The 90th day after the record is filed.

Dated March 7 2023

Carla Seph

Signature of a member or authorized representative of a member

CARLA SEPHUS

Typed or printed name of signee

H23000089449 3