L23000054441

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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JUL

COVER LETTER

TO: Registration Se Division of Cor		•	
	BUE COLLECTION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James A Tribue III		
		Name of Person	
		Firm/Company	
	51 E Jefferson Street #124	2	
		Address	
	Orlando Fl 32802		
		City/State and Zip Code	
	james@jtribue.com	to be used for future annual report no	attication)
For further information of	concerning this matter, please of		, and the same of
James A Tribue III		407 456-0574 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liab	as it now appears on our record ility Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company we Florida document number 1.23000054441	re filed on 01/30/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y 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:		f
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
_		N 1
Enter new mailing address, if applicable:		= -
(Mailing address MAY BE A POST OFFICE BOX) -		f-i
B. If amending the registered agent and/or registered office add	lress on our records, <u>enter</u>	the name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
	ធ	orida
·	. 1.1	
·	City	Zip Code

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
MGR	TRIBUE, JAMES A. III	51 E JEFFERSON STREET #1242	🗆 Add
		#1242	≣ Remove
		ORLANDO, FL 32802	□Chang e
MGR	THE TRIBUE LEGACY TRUST	51 E JEFFERSON STREET #1242	■Add
		#1242	□Remove
		ORLANDO, FL 32802	□Change
			□ Change
			□Add
			□Remov e
			□Chang e
			□Add
			□ Remove
			□ Chang e
			□Add
			□Remove
			Change

	FEI/EIN Number: 81-1271293
Effec	tive date, if other than the date of filing: (optional)
if an ei Note:	Rective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
е гесо	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is f	
Dated	MAY 16 2023
Datet	· — — — — — — — — — — — — — — — — — — —
	Signature of a member or authorized representative of a member

Typed or printed name of signee