L23000142150

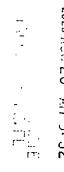
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

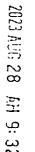


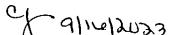


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08/28/23--01018--023 **25.00







COVER LETTER

TO: Registration S Division of Co			
BLUE TI SUBJECT:	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mauricio Armando		
		Name of Person	
	BLUE TH LLC		
		Firm/Company	
	175 SW 7TH STREET, U	NIT 2310	
		Address	
	MIAMI, FL 33130		
		City/State and Zip Code	
	mordonez.bcp@gmail.com		
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please e	all:	
Mauricio Armando		305 415-0060 at ()_	
Name	of Person	Area Code Daytir	ne 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
_	Corporations	Division of Co	
P.O. Box 63		The Centre of	
Tallahassee,	rt 52514	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG 28 AH 9: 32

BLUE THI 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 $\frac{03/20/2023}{1}$ _____ and assigned Florida document number L23000142150 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

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 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	ARMANDO, Edgardo Daniel	175 SW 7TH STREET. UNIT 2310	=Add
		MIAMI, FL 33130	□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
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		08/21/2023			
fective date, if other	than the date of fili		date of filing or mor	optio	nal) filing.) Pursuant to 605.020
ote: If the date inserted	in this block does not	t meet the applicab	ole statutory filing	requirements, this	date will not be listed a
ocument's effective date	on the Department of	f State's records.			
			//	1	
record specifies a delaye is filed.	d effective date, but n	ot an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
is med.			1		
August 21th		2023		·	
ated		_·	-:/ _		
		/			
	Signature of	a member or authori	zed representative o	f'a member	
Mauricio Arm		a member or authori	zed representative o	f a member	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00