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## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
SUBJECT	Verde Blu	LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Darin Wade Mellinger, Es	quire	
			Name of Person	
		Mellinger LLP		med State (s. 1
			Firm/Company	
		1200 North Federal Highw	ay, Suite 300	Ţ
			Address	
		Boca Raton, Florida 33432		FH 2: 10
			City/State and Zip Code	
		dwm@mellingerlaw.com		
		E-mail address: (	to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	all:	
Darin Wad	le Mellinger, E	squire	561 210-8570 at ( )	
	Name o	f Person	Area Code Daytime Telepho	ne Number
Enclosed is	s a check for th	ne 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)
	lailing Addres		Street Address: Registration Section	
	ivision of C		Division of Corporation	ns
	O. Box 632		The Centre of Tallahas	
T	allahassee, I	FL 32314	2415 N. Monroe Street	. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

verde Blu LLC				
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company velocida document number $\frac{1.23000181637}{1.23000181637}$ .	vere filed on April 12, 2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		•		
	:	· • :		
	·			
nter new mailing address, if applicable:	.11. 	Ŀ		
Mailing address MAY BE A POST OFFICE BOX)		; 0		
Hanng udaress MAT BE A FOST OFFICE BOAT				
3. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ldress on our records, enter the nam	e of the new regis		
gent 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		

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kisha Mara Bianca De Pippo	c/o Mellinger LLP	<b>≣</b> Add
		1200 North Federal Highway, Suite 300	□Remove
		Boca Raton, Florida 33432	□Change
			□Add
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