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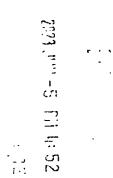
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COVER LETTER

COTER	
TO: Registration Section Division of Corporations	
SUBJECT: 92 BLUE COLA Name of Limited Liability C	L LLC Company
The enclosed Articles of Amendment and fee(s) are submitted for fili	ng.
Please return all correspondence concerning this matter to the following	ng:
MATT CAMAC	f Person
92 BLUE C	ORAL LLC
7 Agyl STOR	I TER
MATTCAMACH	nd Zip Code LO GMA/L COM inture annual report notification)
For further information concerning this matter, please call:	
MATT CAMACHO at ((2) T31-7999 ca Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certif	Filing Fee & S60.00 Filing Fee, ied Copy 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 BLYE CORA	16 LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L23000205066</u>	ere filed on 4/95/23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty 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:	<i>ပ်</i> း
.,	
(Mailing address MAY BE A POST OFFICE BOX)	
	52
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	• '
Name of New Registered Agent: MATT	CAMACHO
New Registered Office Address: 92 W	ELUE CORAL DEIVE Enter Florida street address
SAUTA ROGA	BEACH Florida 31459 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 T. C. A. C. T.	Type of Action
4GR	MICHELLE CAMACI	Address 7 BOYLSTON TER 40 AMHERST NH 030	7 <u>3/</u> 12 Add
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fan effective date Note: If the date	is listed, the date me inserted in this	ne date of filing: _ uist be specific and car block does not mee Department of State	anot be prior to date of t the applicable sta	of filing or more the stutory filing requ	(optiona in 90 days after filir direments, this da	ig.) Pursuant to 605.0	0207 ed as
record specifies	s a delayed effect	ive date, but not an	effective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after	the
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		1/10/16	Mille	RUCK		:	
<u></u>		Signature of a men	nber or authorized re	presentative of a n	nember	l	
		Signature of a men	nber or authorized re	epresentative of a n		,	

Filing Fee: \$25.00