## 123000253349

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## **COVER LETTER**

Division of Cor	porations	•	
Blue & Pinl			
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:	
	Nicholas Pezzo		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Blue & Pink LLC		
	-	Firm/Company	<del></del>
	3889 Aspen Leaf Dr		
		Address	
	Boynton Beach, FL 33436		
		City/State and Zip Code	
	BlueNPinkLLC@gmail.con		
	E-mail address: (9	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
John R. Pezzo Jr		561 413-4459	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)

TO:

Registration Section

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**

Blue & Pink LLC	
( <u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppears on our records.) uny)
he Articles of Organization for this Limited Liability Company were filed o	n 05/23/2023 and assigned
lorida document number L23000253349	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compar	ny here:
ne new name must be distinguishable and contain the words "Limited Liability Company,"	
Enter new principal offices address, if applicable:	2023
Principal office address MUST BE A STREET ADDRESS)	€,
	- <del>с</del> ,
Conter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	:>> :>>
3. If amending the registered agent and/or registered office address on o	our records, enter the name of the new reg
gent and/or the new registered office address here:	
Name of New Registered Agent:	
•	
New Registered Office Address:  Ente	r Florida street address
	, Florida Zip Code

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	Type of Action
AMBR	NICHOLAS PEZZO	3889 ASPEN LEAF DR.	
		BOYNTON BEACH, FL 33436	≅Remove
			□Change
AMBR	9 BLUE 10 LLC	5830 E 2ND ST, STE 7000 #9556,	<b>≣</b> Add
		CASPER, WY 82609	□Remove
			☐ Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□ Remove
			□Change
			□Add
			□Remove
			∃Change

Typed or printed name of signee