

# L236002810008

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

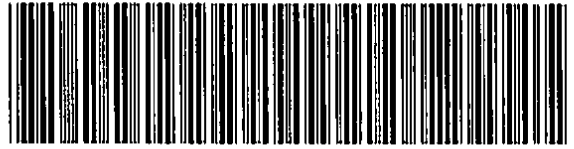
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUN 28 2023

Office Use Only



300411199153

FILED  
2023 JUN 27 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 JUN 27 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: 120210000160: \$55.00

Authorization Signature: 

333Bluebird Ventures LLC L23000286008

Business DOC#

☒ Certified Copy

☐ Certificate of Status

### **NEW FILINGS**

☐ Profit Corp  
☐ Not for Profit  
☐ Officer/Director  
☐ Limited Liability  
☐ Domestication  
☐ **CORP**  
☐ **LLLP**

### **OTHER FILINGS**

☐ **Trademark**  
☐ Annual Report  
☐ Fictitious Name  
☐ **APOSTILL**

COUNTRY

### **AMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. or member  
☐ Dissolution  
☐ Change of Registered Agent

☐ **Conversion**  
☐ **Amended and restated Articles**  
☐ **Statement of Correction**

### **REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 333BLUEBIRD VENTURES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIANA CALDWELL

\_\_\_\_\_  
Name of Person

KARLA DENNIS AND ASSOCIATES INC

\_\_\_\_\_  
Firm/Company

4 CENTERPOINTE DRIVE SUITE 310

\_\_\_\_\_  
Address

LA PALMA, CA 90623

\_\_\_\_\_  
City/State and Zip Code

adamd.investments@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIANA CALDWELL

714

252-5822

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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)

**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**

333BLUEBIRD VENTURES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2023 JUN 27 PM 1:32  
SECRETARY  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 06/13/2023 and assigned  
Florida document number L23000286008.

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)**

7901 4TH ST N

STE 8398

ST. PETERSBURG, FL 33702

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

7901 4TH ST N

STE 8398

ST. PETERSBURG, FL 33702

**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:

NORTHWEST REGISTERED AGENT LLC

New Registered Office Address:

7901 4TH ST N STE 300

*Enter Florida street address*

ST. PETERSBURG

*City*

Florida 33702

*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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Effective date, if other than the date of filing:** \_\_\_\_\_ (Optional)  
(If an effective 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 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 26, 2023

ADAM DEUTSCH

**Filing Fee: \$25.00**