## L23000293061

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (13.335)                                |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (2000)                                  |
| Control Control                         |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer. |
|   |
|   |
|   |
|   |
|   |
|   |
| İ                                       |
|   |





600416571506

10/03/23--01016--024 \*\*25.00

WIII subsection of

2020 OCT -3 AM 6: 55

W

## **COVER LETTER**

| то:   |              | stration Sec<br>ion of Corp<br>~ |  | >   | •,   |  |  |  |
|---|--------------|----------------------------------|--|---|--|--|--|--|
| CLIP IT                                       |              | Blue Acres I                     |  |   |  |  |  |  |
| SUBJEC  | ∪I; <u>-</u> |                                  | Name of Limit                                | ed Liability Company  |  |  |  |  |
| The encl                                      | losed A      | Articles of A                    | Amendment and fee(s) are subm                | nitted for filing.  |  |  |  |  |
| Please re                                     | etum a       | all correspon                    | ndence concerning this matter t              | o the following:  |  |  |  |  |
|   |              |                                  | Alejandro Inocencio                          |   |  |  |  |  |
|   |              |                                  |  | Name of Person  |  |  |  |  |
|   |              |                                  |  | Firm/Company  |  |  |  |  |
|   |              |                                  | 14111 SW 10th ST                             |   |  |  |  |  |
| Address                                       |              |                                  |  |   |  |  |  |  |
|   |              |                                  | Miami, FL 33184                              | Civ (Control 7 in Code  |  |  |  |  |
|   |              |                                  | Ale.Inocencio@yahoo.com                      | City/State and Zip Code   |  |  |  |  |
|   |              |                                  | E-mail address: (t                           | o be used for future annual report no                             | ification)   |  |  |  |
| For furt                                      | her in       | formation co                     | oncerning this matter, please ca             | ill:  |  |  |  |  |
| Alejano                                       | dro Inc      | ocencio                          |  | 786 419-9832  |  |  |  |  |
|   |              | Name of                          | Person                                       | Area Code Daytir  | ne Telephone Number  |  |  |  |
| Enclose                                       | ed is a      | check for th                     | e following amount:                          |   |  |  |  |  |
| <b>≡</b> \$25                                 | 5.00 Fi      | iling 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) |  |  |  |
|   |              | ling Addres                      |  | Street Address:   | action   |  |  |  |
| Registration Section Division of Corporations |              |                                  |  | Registration Section Division of Corporations                     |  |  |  |  |
|   |              | Box 632                          |  | The Centre of Tallahassee   |  |  |  |  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ( <u>Name of the Limited Liabil</u><br>(A Florid   | lity Company as it now appears on our a<br>la Limited Liability Company) | records.)                             |  |
|--|--|---------------------------------------|--|
| The Articles of Organization for this Limited Liability Of Florida document number <u>L23000293061</u>       | Company were filed on 06/19/2023   | and assigned                          |  |
| This amendment is submitted to amend the following:  |  |                                       |  |
| A. If amending name, enter the new name of the lim   | nited liability company here:  |                                       |  |
| The new name must be distinguishable and contain the words "Lir  | mited 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 ADD   | RESS)  |                                       |  |
|  |  |                                       |  |
|  |  | 1 00<br>1 22                          |  |
| Enter new mailing address, if applicable:  |  | <del></del>                           |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <u>υς ω ι</u>                         |  |
|  |  |                                       |  |
| B. If amending the registered agent and/or registere   | ed office address on our records   | enter the name of the new(ragisteres  |  |
| agent and/or the new registered office address here:   |  | criter the name of the new registered |  |
|  |  |                                       |  |
| Name of New Registered Agent:  |  |                                       |  |
| New Registered Office Address:   |  |                                       |  |
| Now registered of free reduces.  | Enter Florida street address   |                                       |  |
|  |  | , Florida<br>Zip Code                 |  |
|  | City   | Zip Code                              |  |
| New Registered Agent's Signature, if changing Register   | red Agent:   |                                       |  |
| I hereby accept the appointment as registered agent  |  |                                       |  |
| provisions of all statutes relative to the proper and accept the obligations of my position as registered of |  |                                       |  |

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> | Name .       | <u>Address</u>                   | Type of Action |
|--------------|--------------|----------------------------------|----------------|
| AMBR         | Olga M Munoz | 14111 SW 10th ST Miami, FL 33184 |                |
|              |              |                                  | □Remove        |
|              |              |                                  |                |
|              |              |                                  | □Add           |
|              |              |                                  | □ Remove       |
|              |              |                                  | □Change        |
|              |              |                                  | □Add           |
|              |              | <del></del>                      | □ Петюче       |
|              |              |                                  | □Change        |
| <del> </del> |              |                                  | □Add           |
|              |              |                                  | □Remove        |
|              |              |                                  | □ Change       |
|              |              |                                  | □Add           |
|              |              |                                  | □ Remove       |
|              |              |                                  | □ Change       |
|              |              |                                  | □ Add          |
|              |              |                                  | □Rетоvе        |
|              |              |                                  | □ Change       |

|   |                       |  | <del> </del>                            |                     |                     |                              |
|---|-----------------------|--|---|---------------------|---------------------|------------------------------|
|   |                       |  |   |                     |                     |                              |
|   |                       |  |   |                     | <del></del>         | <del></del>                  |
|   |                       |  |   |                     |                     |                              |
|   |                       |  | - <del></del>                           |                     |                     |                              |
|   |                       |  |   |                     |                     |                              |
|   |                       |  |   |                     |                     |                              |
|   |                       |  |   |                     |                     |                              |
|   |                       |  |   |                     |                     | <del></del>                  |
|   |                       | <u></u>                                |   | · · · · <del></del> |                     | ··                           |
|   |                       |  |   |                     |                     |                              |
|   |                       |  |   |                     |                     | 2023                         |
|   |                       | <del></del>                            |   |                     | <u>&gt;}</u><br>-=} | <u>0C</u>                    |
|   |                       |  |   |                     |                     | ယ                            |
|   |                       |  |   |                     |                     | I»                           |
|   |                       |  |   |                     |                     | <u>ين</u>                    |
|   |                       |  |   |                     | <del></del>         | <u> </u>                     |
|   |                       |  |   |                     |                     |                              |
| Tective date, if other than the d                 | ate of filing:        |  |   | (optior             | ıal)                |                              |
| an effective date is listed, the date must b      | e specific and cannot | be prior to date of<br>applicable stat | filing or more the<br>utory filing requ | n 90 days after fi  | ling.) Pursuai      | it to 605.020<br>be listed a |
| ocument's effective date on the Dep               | artment of State's r  | ecords.                                |   |                     |                     |                              |
| record specifies a delayed effective of is filed. | ate, but not an effe  | ective time, at 1                      | 2:01 a.m. on the                        | earlier of: (b)     | The 90th o          | lay after th                 |
| September 22nd                                    | 2023                  | 3 .                                    |   |                     |                     |                              |
|   | att                   | 7                                      | -                                       |                     |                     |                              |
|   | الاستهياد             | 1/6/ 5                                 |   |                     |                     |                              |

Filing Fee: \$25.00