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Help

OCT ID LUZS

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October 9, 2023

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FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: BLUE WHALES WORLD LLC REF: L23000410875

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Missing last page of application.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

FAX Aud. #: E23000351488 Letter Number: 023A0C023360

To:

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From: Yanet Avila

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE WHALES WORLD LLC

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

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Fiorida street address	
	, Florida	
vew Registered Agent's Signature, if changing Registered Agent:	Cuy	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 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
MGR	BRUNO SATURNO SALAZAR	719 NE \$3RD TER	🗃 Add
		MIAMI, FL 33138	
			□Change
			⊡Add
			🗇 Remove
			🗆 Change
			DAdd
			□Remove
			🛛 Change
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E. Effective date, if other than	the date of filing:	(optic to date of filing or more than 90 days after	onal)
<u>Note:</u> If the date inserted in th	e must be specific and cannot be prior is block does not meet the applic he Department of State's records.	able statutory tiling requirements, this	filing.) Pursuant to 605.0207 (3)(b) a date will not be listed as the
If the record specifies a delayed effi record is filed.	ective date, but not an effective ti	ime, at 12:01 a.m. on the carlier of: (b)) The 90th day after the
Dated	2023		
	2023 Christopha Signature of a member or autho	n Tani	
·	Signature of a member or authr	orized representative of a member	
CHRISTOPHER FI	RANCIS TANI		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

Typed or printed name of signee