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2023 OCT 20 PM 4: 35

SECRETARY OF STATES TALLAHASSEE, FLORIDA.

## **COVER LETTER**

	egistration Se ivision of Cor			Ş
eth Herr	BLUE WIS	KG CONSTRUCTION LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
)				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspo	ondence concerning this matter	to the following:	
		TRAVIS MARCHANT		
			Name of Person	
		BLUE WING CONSTRU	CTION LLC	
			Firm-Company	
		6873 GLENMEADOW L	×	
			Address	
		TALLAHASSEE FL 3231	7	
			City/State and Zip Code	<del></del>
		BLUEWINGCONSTRUCT	_	
For further	information c	E-mail address. ( oncerning this matter, please c	to be used for future annual report n	otification)
	IARCHANT		850 241-5800	
		f Person	at ()	time Telephone Number
	Name	e i Cison	Area Code Days	The receptance remains
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$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)
	ailing Addres		Street Address:	
	egistration S	Section orporations	Registration S Division of C	
	O. Box 632		The Centre of	·
	illahassee, l		2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BLUE WING CONSTRUCTION LLC

ONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our re2020 OCT 20 PM 4: 35

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	SECRETARY OF STATE and
Florida document number 1.2.3000457926	TEL MASSEE, FL
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "I.A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agrousions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	noing 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>	Name	Address	Type of Action
MGR	TRAVIS MARCHANT	6873 GLENMEADOW LN	<b>=</b> Add
		TALLAHASSEE FL 32317	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Remove
			🗀 Change
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OCTOBER 20TH  2023  Signature of a member of a member	and specifies a detayed	effective date, but not an effecti	ve time at 12:01 a.m.	on the earlier of: (h) The	· 90th day after the
Signature of a member of a member		Checker Children in Check			
Signature of a member of a member	OUTCHEEP DATE	2023			
	rd		<u> </u>		
		Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	chart		
TRAVIS MARCHANT		Signature of a member or	nuthorized representative	e of a member	
4.15. 5.3. 6.2. (21.5.13.5. 1.4) 5.3.4.6	TRAVIS MAR	HANT			