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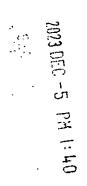
(Re	questor's Name)	<u> </u>
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
/D.	siness Entity Name)	
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(Do	cument Number)	
Certified Copies	_ Certificates of	Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			· ·
eno ir		CE CONTRUCTION LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		CHRISTOPHER JOSEPH		
			Name of Person	
		BLUE LAKE CONSTRUC	CTION LLC	
			Firm/Company	
		6901 OKEECHOBEE BL	/D SUITE D-5 - H-27	
			Address	
		WEST PALM BEACH, FI	_ 33411	
			City/State and Zip Code	
		josephchris33@yahoo.com	to be used for future annual report notification	00)
For furt	her information c	oncerning this matter, please c		,,,
Christo	pher Joseph		561 299-7872	
	Name o	f Person	Area Code Daytime Tele	ephone Number
Enclose	d is a check for th	ne following amount:		
≡ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration Section	
	Division of C		Division of Corpora	

P.O. Box 6327 Tallahassee, FL 32314

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The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE LAKE CONTRUCTION LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number	were filed on 11/14/2023	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
BLUE LAKE CONSTRUCTION LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7120 OKEECHOBEE BLVD UNIT	5304
Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33411	2028 DE
Inter new mailing address, if applicable:		S S S S S S S S S S S S S S S S S S S
Mailing address MAY BE A POST OFFICE BOX)		5
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the i	name of the new regist
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 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.

City

Zip Code

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	CHRIS JOSEPH	7120 OKEECHOBEE BLVD UNIT 5304	
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Remove
			□Change
			□Add
			Remove
			Change
 			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effe <u>Note:</u>	ve date, if other than the date of filing:
record d is fil	is specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	··
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

.

Filing Fee: \$25.00