LZ3000539 105

(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:





400422738504

01/29/24--01011--010 ++25.00



COVER LETTER

TO: Registration S Division of Co		÷		
Blue Value	es LLC			•
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Dennis Traina			
		Name of Person		
		Firm/Company		
	7324 Se Seagate Ln			
		Address		
	Stuart, FL 34997			:: 70
	dennis@bluevalues.org	City/State and Zip Code		2075 JUL 29
	E-mail address: (to be used for future annual	l report notification	n) - ; 29
For further information	concerning this matter, please c	all:		<u></u>
Dennis Traina		772 34 at ()	19-2553	်း မွှေ ည
Name	of Person	Area Code	Daytime Telep	phone Number (7)
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section		ration Section	
Division of C P.O. Box 633			on of Corporat entre of Tallah	

Tallahassee. FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Values LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) Ility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 12/05/2023	and assigned
Florida document number 1.23000539105		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		~
		- T T.
Mailing address MAY BE A POST OFFICE BOX)		
-		
	1 4 4 4 4 4 4 4	·
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	iress on our records, <u>enter the n</u>	
agent and on the new registered other address never		
		75 OS
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cirv	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 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	Joshua Louis	544 Ebbtide Dr	≣ Add
		North Palm Beach, FL 33408	□Remove
			□ Change
			□Add
			Remove
			□Change
			Add Remove 29
			☐ Change
			□ Remove
			□ Change
			□Add
			Remove
			□Change
			□Remove
			□Change

						-
						-
	 					-
						-
						-
1000						-
						-
						_
					3	=
				ر <u>ن</u> سرا	(E) (2) T	•
	-11	· · · · · · · · · · · · · · · · · · ·		<u>문항</u> 		
				· · · · · · · · · · · · · · · · · · ·	29	-
				11		, ,
		•			9:0	- ' '
				e 1-4	<u> </u>	-
		· · · · · · · · · · · · · · · · · · ·				-
			·			_
fective date, if other than the in effective date is listed, the date m	e date of filing:	ing to data of tiling o	(opti	onal)		5 0 3 0
ote: If the date inserted in this l	block does not meet the app	licable statutory fil				
ocument's effective date on the	Department of State's recor	ds.				
	ive date, but not an effective	e time, at 12:01 a.n	n. on the earlier of: (t	o) The 90	th day afte	er the
record specifies a delayed effect				,,	,	
is filed.	2024					
record specifies a delayed effect is filed.	. 2024					
is filed. ated	2024 Signature of a member or at					