L24000133940

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SECURITIONS OF STATE

FILED

BLUEJAY 415, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: GINA SOLOW, RA Name of Person Firm/Company 2709 S HWY A1A Address MELBOURNE BEACH, FL 32951 City/State and Zip Code ginasolo2@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **JAMIE SOLOW** 610-9300 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

TO ARTICLES OF ORGANIZATION OF

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

BLUEJAY 415, LLC

company has been notified in writing of this change.

The Articles of Organization for this Limited Liability Company	were filed on MARCH 18, 2024	and assigned
Florida document number 1.24000133940		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Principal office address MUST BE A STREET ADDRESS)		4 APR
		00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		D F1 Ø
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the name	of the new regi:
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am fa rovided for in Chapter 605, F.S. Or, ij	miliar with and Tthis document

If Changing 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GINA SOLOW	2709 SOUTH HWY ATA	≡ ∧dd
		MELBOURNE BEACH, FL 32951	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Note: If the	date inserted	than the date the date the date must be spe d in this block do e on the Departm	ies not meet (the applicab	date of filing or le statutory fil	more than 90 ing requiren	(option days after fil ments, this d	al) ing.) Pursuant to ate will not be	o 605.0207 (c listed as)
e record spec rd is filed.	cifies a delaye	ed effective date.	, but not an e	ffective time	e. at 12:01 a.n	i. on the ear	ier of: (b)	The 90th day	after the
Mare Dated	h 29		<u> </u>)24	•				
(Jamie	Solow							
-6	//	Signat	ure of a memb	per or authoriz	ted representati	ve of a memb	er		_