

# L24000168278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

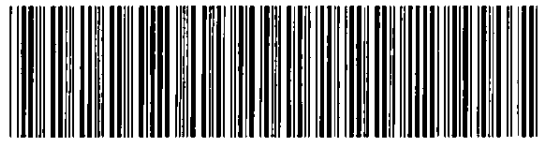
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000436194770

09/12/24--01022--026 \*\*25.00

FILED  
2024 SEP 12 PM 2:41  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE TELECOM HOLDING LLC

\_\_\_\_\_  
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:

AURELIO GOMES

\_\_\_\_\_  
Name of Person

ONE TOUCH CONSULTING SERVICES LLC

\_\_\_\_\_  
Firm/Company

7345 W SAND LAKE RD STE 217

\_\_\_\_\_  
Address

ORLANDO FL 32819

\_\_\_\_\_  
City/State and Zip Code

CONTACT@ONETOUCHCS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AURELIO GOMES

407

233 7350

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**

**2024 SEP 12 PM 2:41**

BLUE TELECOM HOLDING LLC

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/09/2024 and assigned  
Florida document number L24000168278.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BLUE TECH PARTNERS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

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

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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 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>                   | <u>Type of Action</u>                   |
|--------------|---------------------------|----------------------------------|---|
| AMBR         | LUIZ ANGELO PEREIRA JUNIO | AV JOAO CABRAL DE MELO NETO      | <input checked="" type="checkbox"/> Add |
|              |                           | TORRE 03/707 - BARRA DA TIJUCA   | <input type="checkbox"/> Remove         |
|              |                           | RIO DE JANEIRO - RJ 22775-057 BR | <input type="checkbox"/> Change         |
| AMBR         | ERNANI BRAGA ASSIS        | RUA DAS ACACIAS, 486 APT601      | <input checked="" type="checkbox"/> Add |
|              |                           | NOVA LIMA - MG 34006-003 BR      | <input type="checkbox"/> Remove         |
|              |                           |                                  | <input type="checkbox"/> Change         |
|              |                           |                                  | <input type="checkbox"/> Add            |
|              |                           |                                  | <input type="checkbox"/> Remove         |
|              |                           |                                  | <input type="checkbox"/> Change         |
|              |                           |                                  | <input type="checkbox"/> Add            |
|              |                           |                                  | <input type="checkbox"/> Remove         |
|              |                           |                                  | <input type="checkbox"/> Change         |
|              |                           |                                  | <input type="checkbox"/> Add            |
|              |                           |                                  | <input type="checkbox"/> Remove         |
|              |                           |                                  | <input type="checkbox"/> Change         |
|              |                           |                                  | <input type="checkbox"/> Add            |
|              |                           |                                  | <input type="checkbox"/> Remove         |
|              |                           |                                  | <input type="checkbox"/> Change         |

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

CHANGE NAME OF COMPANY TO - "BLUE TECH PARTNERS LLC"

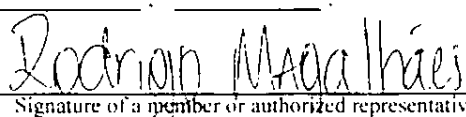
ADD TWO NEW PARTNERS

FILED  
2024 SEP 12 PM 2:41  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 09/05/2024 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 5th of September 2024

  
Signature of a member or authorized representative of a member

ANIZIO RODRIGO DA SILVA MAGALHAES  
Typed or printed name of signee