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Division of Corporations

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From:

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Account Number : I20010000062 : (323)962-8600 fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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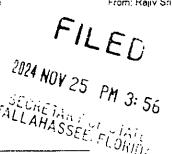
TO:	Registration So Division of Cor				
SIGN 112	BLUE MA	RBLE BOOKKEEPING LLC			
SUBJEC	· · · ·	BLUE MARBLE BOOKKEEPING LLC Name of Limited Liability Company			
		Amendment and fee(s) are sub-			
Please n	eturn all correspo	ondence concerning this matter (to the following:		
		Mike Town			
			Name of Person		
		Legalzoom com, Inc.			
		+	Furn'Company		
9000 Speciaim Di					
			Address		
Austin, TX 78717					
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		twlangley@outlook.com			
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Mike To	ודאיז		800 773-0888		
	Name :	d Person	at ()	ime Telephone Number	
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301

2024-11-24 11:56:18 PST

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

From: Rajiv Srivastava

BLUE MARBLE BOOKKEEPING LLC		TALLAHASSEE FLORID,
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our record inhility Company)	ls.)
The Articles of Organization for this Limited Liability Company vi	were filed on <u>04/25/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u> Blue Marble Mentor LLC	lity company here:	
The new name must be distinguishable and comain the words "Limited Liabili	ty Company," the designation "LEC	" 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 off registered agent and/or the new registered office address here		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	,,,
	L.I.	orida

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

AICK =	Manager	
AMBR =	Authorized	Member

To.

Title	Name	<u>Address</u>	Type of Action
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			☐ Change
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E.	Effec	tive date, if other than the	date of filing: st be specific and cannot be prior to date of filing of	(optional)	mar 20 mil 5 (1307 + 2111)
	Note:	If the date inserted in this benefits effective date on the E	ock does not meet the applicable statutory (thing requirements, this date will n	ot be listed as the
		cord specifies a delaye e 90th day after the rec	d effective date, but not an effectiv ord is filed.	e time, at 12:01 a.m. on th	ne earlier of:
	Dated	11-24/2024			
		/S/ Todd W Langl	ey		
			Signature of a member or authorized representa	tive of a member	
		Todd W Langley			
			Typed or printed name of signe	¢ .	

To:

Page 3 of 3

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