

(Requestor's Name)		
(Address) (Address)	800432576358	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	07/23/2401008012 ★+80.00	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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TO:	Registration Section
	Division of Corporations

SUBJECT: Blueprint Property Investments LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

lames Abercrombie Blue Priat Property Investments, LLC 7636 Shadowhat Dr Panama City FL City/State and Zip Code Abercrombie 86 @ E-mail address: (to be used for future annual report notification

For further information concerning this matter, please call:

Abercronul R at (<u>\$50</u>) <u>326 5516</u> Area Code Daytime Telephone Number Nichole Name of Person

Enclosed is a check for the following amount:

□ S25.00 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)

<u>Mailing Address:</u> 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

appears on our records." (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _______ 05/10/2024 Florida document number <u>L24000219765</u>.

and assigned

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9
(Principal office address MUST BE A STREET ADDRESS)	
	. 3 0 6
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:	James Mach
New Registered Office Address:	7636 Shaclow Bay Dr.
	Enter Florida street address
	<u>Fancima City</u> Florida <u>32404</u> City

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

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<u>Title</u>	Name	Address	Type of Action
AMBR	James Marck	2608 Lawrel dr . - City FL 32404	🛛 Add
	Fanomo	- City FL 32404	DRemove
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			🗆 Remove

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

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Please	include	the	Following - 296469	EIN
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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 JULY	$29^{\pm \mu}$. 2024	
<u> </u>	Grand Mark	
	SAMES MACK Typed or printed name of signee	