L24000230785

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08/17/24-01009-002 **30.00 Ret. 08/08/24

COVER LETTER

TO: Registration S Division of Co				
BLUE LIN	NE VACATIONS LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOUIS M COLLURA			
		Name of Person		
	BLUE LINE VACATION	'S LLC		
		Firm/Company		
	4670 CAPITAL DR			
		Address		
	LAKE WORTH FL 33463	3		
		City/State and Zip Code		
	LOUIS.COLLURA@CRU			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
LOUIS M COLLURA		561 301-2490 at()		
Name o	of Person	Area Code Daytin:	ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ction	
Division of Corporations P.O. Box 6327		_ Division of Cor	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE LINE VACATIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/17/2024}{1}$ and assigned Florida document number _____L24000230788 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 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

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>	Name	Address	Type of Action
MGR	YESENIA COLLURA	4670 CAPITAL DR	= Add
		LAKE WORTH, FL 33463	□ Remove
			□ Change
			□Add
			□Remove
		- <u> </u>	☐ Change
			□Add
			□Remove
			□Change
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			Remove
			□Change
			□ Add
			□Remove

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Effective date, if other than the date of filing: (Iff 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 cord is filed. Dated Ob/10/2024 Signature of a member or authorized representative of a member.). If amending	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 cord is filed. Dated		
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Dated	Note: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Dated	the record speci cord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Signature of a member or authorized representative of a member	Dated	06/10/2024
Signature of a member or authorized representative of a member		
,	_	Signature of a member or authorized representative of a member
LOUIS M COLLURA Typed or printed name of signee		

Filing Fee: \$25.00