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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: Blue STREAK Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Doug las	R SAmples Name of Poson
BlueST	REAK TRANS PORT, LLC Firm/Company
214/6 WHI-	HE WESTERN LAKE LANE Address
_	City/State and Zip Code  1 CS 56 a hotmal. com  Tress: (to be used for future annual report notification)
E-mail add For further information concerning this matter, ple	ease call:
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee & Certificate of State	
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 ARTICLES OF ORGANIZATION **OF**

\ <u></u>	(A Florida Limited Li	ability Company)	rout records.		
The Articles of Organization for this Limited I Florida document number		vere filed on <u>0</u> 5	120/2024	and as	ssigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liabil	ity company here:			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the design	nation "LLC" or the ab	breviation "I	L.C."
Enter new principal offices address, if appli	cable:			202	
(Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>		100 100 100	<u>JU</u>	The same of the sa
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>' BOX)</u>		E. FLOGIEN	27 AM 12: 25	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ad ess here:	dress on our recor	rds, <u>enter the nam</u>	e of the ne	w registere
Name of New Registered Agent:	Douglas	R. SAny	1/5		<del>-</del>
New Registered Office Address:	1612 W	R. SAny 414E WESte Enter Florida s RT City	TRU LAKE L	ANE	
	SOUT APO	RT City	Florida	3240 Zio Code	2
New Registered Agent's Signature, if changing		- <del>v</del>		isip cont	

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 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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			□ Remove
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