L24000295143

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

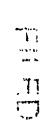
Office Use Only



500441138065

12/19/24--01011--021 **25.00

2024 DEC 19 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER

Division of C	Corporations	
Bleu Bea	ar Designs LLC	
	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	espondence concerning this matter to the following:	
	Brandon Morgan	
	Name of Person	_
	Bleu Bear Designs LLC	
	Firm/Company	
	146 Windley Dr	
	Address	7024 77 77
	Saint Augustine, FL 32092	2024 DEC 19 PH 4: SECRETARY OF ST TALLAHASSEE.
	City/State and Zip Code	- HAR 19
	support@bleu-bcar.com	19 PH L
For further information	E-mail address: (to be used for future annual report notification) in concerning this matter, please call:	4: 29 1: STAT E. FL
Brandon Morgan	361 946-4604 at ()	in.
Name	ne of Person Area Code Daytime Telephone Numb	per
Enclosed is a check for	or the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate Copy is enclosed)	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Addi Registration		

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

TO:

Registration Section

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

Bleu Bear Designs LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records, limited Liability Company))
The Articles of Organization for this Limited Liability Co	mpany were filed on 7/1/24	and assigned
Florida document number L24000295142	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L1.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		S 25
		ZA D
Enter new mailing address, if applicable:		DEC DEC
(Mailing address MAY BE A POST OFFICE BOX)		ASS 19
		SEF SEF
		ST F:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new Registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floi	rida
	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 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>	Address	Type of Action
MGR	Assunta A Ashford	146 Windley Dr	□Add
		ST AUGUSTINE, FL 32092	≣Remove
			☐ Change
MGR	Brandon E. Morgan	146 Windley Dr	■Add
		ST AUGUSTINE, FL 32092	□Remove
			☐Change
			Ado
			ETAIN OF UCHange
			FATE Add
			□Remove
		•	□ Change
			□Add
			□Remove
		 	□Change
 			□Add
			□Remove
			□Change

			_
·			_
			_
			
61-18-18-18-18-18-18-18-18-18-18-18-18-18		Ś	
		TALL	2024 C
ATT)30 -
		AHASS	19 P
		SEE	-t: -BH -f:
		L LVI	: 29
		,n	
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	be specific and cannot be prior to date of filing onek does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to iling requirements, this date will not be	605,0207 (3)(b) listed as the
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.	m, on the earlier of: (b) The 90th day a	ifter the
Dated August 19	. 2024		
	Signature of a member or authorized representa		
	Signature of a member or authorized representa	tive of a member	
Brandon Morgan			
	Typed or printed name of signe	e	

Filing Fee: \$25.00