## L24000386266

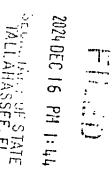
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## **COVER LETTER**

	istration Se sion of Cor				
SUBJECT:	Blue's Cons	truction			•
		Name of Lim	ited Liability Company	<del></del>	
					•
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		٠, .
Please return	all correspon	ndence concerning this matter	to the following:	•	
		Patricia Rodriguez			
			Name of Person		<del></del>
		Blue's Construction			
			Firm/Company		_ 
		2736 Arlex Dr W			
			Address		
		Jacksonville/FL, 32211			
		patryrs@gmail.com	City/State and Zip Code		
: For further in	formation co	E-mail address: ( oncerning this matter, please ca	to be used for future annual report not all:	ification)	
Patricia Rodr	iguez		904 586-7333 at ( )		
	Name of	Person		nc Telephone Numb	er
Enclosed is a	check for th	e following amount:			
<b>■</b> \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &

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 TO ARTICLES OF ORGANIZATION OF

Blue's Construction, LLC			
(Name of the Limited Liabii (A Floric	lity Company as it now appears on our la Limited Liability Company)	records INFC 15 DE	
		SEC 16 PH 1: 44	
The Articles of Organization for this Limited Liability (	Company were filed on $\frac{9/4/2024}{1}$	SECNETAL and assigned TALLAHASSEE, FL	
Florida document number 1.24000386266	<del></del> '	THE AMASSEE, FL	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
g. data cost of first born			
	<del></del>		
B. If amending the registered agent and/or registere	ed office address on our records.	enter the name of the new register	
agent and/or the new registered office address here:		<u> </u>	
Name of New Registered Agent:			
, , , , , , , , , , , , , , , , , , , ,			
New Registered Office Address:	Enter Florida street	address	
	City	Florida Zin Code	
	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 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>	<u>Name</u>	Address	Type of Action
AMBR	Patricia Rodriguez	2736 Arlex Dr W. Jacksonville, FL. 32211	( <b>Z&amp;</b> Add
		<del></del>	□Remove
		· 	
MGR	Patricia Rodriguez	2736 Arlex Dr W. Jacksonville, FL. 32211	Ø <b>X</b> Add
			□ Remove -
			□Change
<del></del>		·	OAdd
			□Remove
			□Change
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		· <del>··</del>	□Remove
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Note: If the	te, if other than the date of filing:  (optional)  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 (3)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the record spec cord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Dece	mber 12 . 2024
_ 	Signature of a member or authorized representative of a member  Patuag Papagau  Typed or printed name of states