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то:	Registration So Division of Cor			
SUBJEC	1639 OpCo	o, LLC		
SOBJEC	∠l:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Salomon V. Bagdadi, Esq.		
		<u> </u>	Name of Person	
		Capozzi Adler, P.C.		
			Firm/Company	
		323 Sunny Isles Blvd, Suit	te 504	
			Address	
		Sunny Isles Beach, FL 33	60	
			City/State and Zip Code	
		Robert@blueprint-cp.com E-mail address: t	to be used for future annual report noti	fication)
For furth	er information e	oncerning this matter, please c		
Salomor	n V. Bagdadi, Es	sq.	305 788-3664 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	f is a check for the	he following amount:		
□ \$25.	00 Filing Fee	■ \$30.00 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	Street Address: Registration Sec	

Division of Corporations P.O. Box 6327

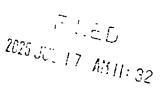
Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1639 OPCO, 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 $\frac{02/26/2025}{1}$ _____ 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 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 ___

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.

City

If Changing Registered Agent,	Signature of New Registered Agent

Docusign Envelope ID: 3E1CCODD-9052-4EFC-87C1-3F8A77EA234E in amenoing Authorized rerson(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	Robert Van Fossan	2045 BISCAYNE BLVD #474	
		MIAMI, FL 33137	■Remove
MGR	Blueprint Acquisitions LLC	2045 BISCAYNE BLVD #474	
		MIAMI, FL 33137	□Remove
			□Change
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applica	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.020 able statutory filing requirements, this date will not be listed a
e record specifies a delayed effectiv rd is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	2025	
		Robert Van Fossan
		Robert Van Fossan prized representative of a niember
	Signature of a manhar or he	rived consecutifative of a giambas
	Signature of a member or author	orized represenिंबिरिंग्ट विनिधातिकारिक

Filing Fee: \$25.00