7/2/2019

Division of Corporations

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE LIMU COMPANY, LLC

| Certificate of Status | 0 |
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JUL 0 8 2019

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appear | ers on the records of the Florida Department of | |
|---|---|--|
| State: THE LIMU COMPANY, LLC | · | |
| Enter new principal office address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | 201 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | الله |
| | · | <u></u> |
| 2. The Florida document number of this limited I | liability company is: M03000003735 | AK 10: |
| 3. Jurisdiction of its organization: NV | | |
| 4. Date authorized to do business in Florida: 117 | /06/2003 | |
| SECTION II (5-9 complete only the applicable | e changes) | |
| 5. New name of the limited liability company: (nec | Blu Frog Marketing, LLC ust contain "Limited Liability Company, " "L.L | .C.," ar "LLC.") |
| (If name unavailable, enter alternate name adopte copy of the written consent of the managers or in must contain "Limited Liability Company," "L.L. | lanaging members adopting the alternate name. | orida and attach a The alternate name |
| 6. If amending the registered agent and/or registered agent and/or the new registered office | ered officer address on our records, <u>enter the na</u> address here: | me of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida Street Addr | |
| | | |
| - | , Florida | Zip Code |
| Now Projectored Ament's Signature if Changing I | Revistered 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.

| 8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(c), indicate that change: | | | | | | | |
|---|--|-----------------|---|---|--|--|--|
| tle/ Capacity | Name | | Address | Type of Action | | | |
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| aforemention | a certificate, if required: r ned amendment(s), duly a under the law of which th | uthent/buted by | the official having custody of records in the | e | | | |

Filing Fee: \$25.00





CERTIFICATE OF NAME CHANGE

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that on June 24, 2019, a Certificate of Amendment to its Articles of Organization changing the name to BLU FROG MARKETING, LLC, was filed in this office by THE LIMU COMPANY, LLC. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



Certified By: Paul Reyes Certificate Number, C20190701-2263 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of State, at my office on July 2, 2019

Borbora K. Cegarste

Barbara K. Cegavske Secretary of State