

11/4000003126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

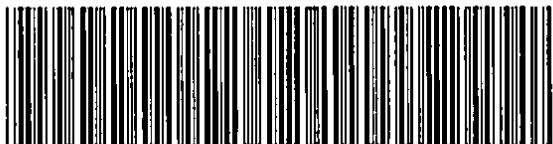
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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DIVISION OF CORPORATION
2023 DEC 15 PM 12:40

RECEIVED
2023 DEC 15 AM 11:09
DIRECTOR
TALLAHASSEE, FLORIDA

R. HUNT
12/17/23

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 12/15/2023

Acc#120160000072

en: c SW

Name:	Blue Origin, LLC
Document #:	
Order #:	15277795

Certified Copy of Arts & Amend:	<input type="checkbox"/>		DIVISION OF CORPORATION TALLAHASSEE, FL 2023 DEC 15 PM 12:40
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

**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 appears on the records of the Florida Department of

State: Blue Origin, LLC.

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M14000003126

3. Jurisdiction of its organization: Washington

4. Date authorized to do business in Florida: 05/07/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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

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CLERK OF STATE
DIVISION OF CORPORATIONS
2023 DEC 15 PM 12:40

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removal of Robert Smith & Mike Elola and adding authorized Signers & MGR

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Robert Smith</u>	<u>21218 76th Ave S.</u>	<input type="checkbox"/> Add
		<u>Kent, WA 98032</u>	<input checked="" type="checkbox"/> Remove
<u>Authorized Signer</u>	<u>Mike Elola</u>	<u>21218 76th Ave S.</u>	<input type="checkbox"/> Add
		<u>Kent, WA 98032</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Dave Limp</u>	<u>21218 76th Ave. S.</u>	<input checked="" type="checkbox"/> Add
		<u>Kent, WA 98032</u>	<input type="checkbox"/> Remove
<u>Authorized Signer</u>	<u>Mike Laidley</u>	<u>21218 76th Ave. S.</u>	<input checked="" type="checkbox"/> Add
		<u>Kent, WA 98032</u>	<input type="checkbox"/> Remove
<u>Authorized Signer</u>	<u>Gerry Gleckel</u>	<u>21218 76th Ave S, Kent WA 98032</u>	<input checked="" type="checkbox"/> Remove
<u>Authorized Signer</u>	<u>Thomas Altamuro</u>	<u>21218 76th Ave S, Kent WA 98032</u>	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Nicole Walters

Signature of the authorized representative

Nicole Walters

Typed or printed name of signee

Filing Fee: \$25.00