

MIC 000003126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

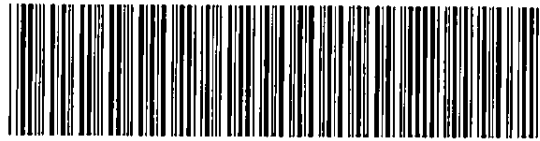
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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RECEIVED  
2024 APR 29 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2024 APR 29 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. HUNT  
04/28/24

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 04/29/2024

Acc#I20160000072

*W: C D W*

Name:	Blue Origin, LLC
Document #:	
Order #:	15517424

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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**

2024 04 29 AM 7:47  
STATE  
TALLAHASSEE, FL  
C.D.

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

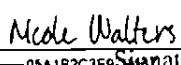
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Adding and removing authorized signors

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Limp	21218 76th Ave. S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
MGR	Paul Weber	21218 76th Ave. S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
MGR	Jordan Snow	21218 76th Ave. S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
AMBR	Sue Isono	21218 76th Ave. S.	<input type="checkbox"/> Add
		Kent, WA 98032	<input checked="" type="checkbox"/> Remove
AMBR	Mike Laidley	21218 76th Ave. S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input 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.

DocuSigned by:  
  
 Signature of the authorized representative

Nicole Walters

Typed or printed name of signee

Filing Fee: \$25.00

4/26/2024 9:23 AM PDT  
 4/26/2024 9:48 AM  
 STATE OF FLORIDA  
 30

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nicole Walters	21218 76th Ave S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Wendy Pfeifer	21218 76th Ave S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrew Nadel	21218 76th Ave S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ian Richardson	21218 76th Ave S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shannon Gordon	21218 76th Ave S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stian Bartel	21218 76th Ave S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF MISSISSIPPI

2023 APR 7:48