

To:

Page 2 of 6

2024-10-16 13:08:59 CST

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From: David Thomas

10/16/24, 3:05 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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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BLUE ORIGIN, LLC

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OCT 17 2024
T. LEMUEX

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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: M140060031263. Jurisdiction of its organization: Washington4. 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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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	Mike Lardley	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
			☐ Change
AMBR	Lynn McDonald	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
			☐ Change
AMBR	Shannon Gordon	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
			☐ Change
AMBR	Andrew Nadel	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
			☐ Change
AMBR	Stian Bartel	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
			☐ Change
AMBR	Wendy Pfeifer	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
			☐ Change

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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	☒ Add
		Kent, WA 98032	☐ Remove
			☐ Change
AMBR	Camm Bennett	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
			☐ Change
AMBR	Brian Winters	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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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:

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	☒ Add
		Kent, WA 98032	☐ Remove
MGR	Allen Parker	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
MGR	Paul Weher	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
MGR	Jordan Snow	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ Remove
AMBR	Ian Richardson	21218 76TH AVE S	☒ Add
		Kent, WA 98032	☐ 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.

Digitally signed by
Nicole Walters

Signature of the authorized representative

Nicole Walters

Typed or printed name of signee

Filing Fee: \$25.00