

1123000000727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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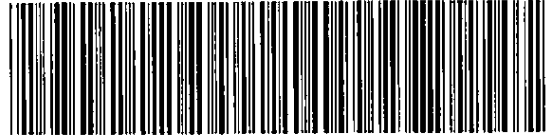
(Business Entity Name)

(Document Number)

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Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 07/18/2024

Name: Patrice Rush


Reference #: 2433272

Entity Name: BLU SITE SOLUTIONS, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

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Authorized Amount: \$25.00

Signature: 

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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: BLU SITE SOLUTIONS, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

1725 WINDWARD CONCOURSE STE 250

ALPHARETTA, GA 30005

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

1725 WINDWARD CONCOURSE STE 250

ALPHARETTA, GA 30005

2. The Florida document number of this limited liability company is: M23000000727

3. Jurisdiction of its organization: NC

4. Date authorized to do business in Florida: 01/03/2023

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:

Change in officers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Jeff Tankersley</u>	<u>1725 WINDWARD CONCOURSE</u>	<input type="checkbox"/> Add
		<u>ALPHARETTA GA 30005</u>	<input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>Florian Reinhardt</u>	<u>1725 WINDWARD CONCOURSE</u>	<input checked="" type="checkbox"/> Add
		<u>ALPHARETTA, GA 30005</u>	<input type="checkbox"/> Remove
<u>CFO</u>	<u>Bobbi Hardison</u>	<u>1725 WINDWARD CONCOURSE</u>	<input type="checkbox"/> Add
		<u>ALPHARETTA, GA 30005</u>	<input checked="" type="checkbox"/> Remove
<u>COO</u>	<u>Brad Avery</u>	<u>1725 WINDWARD CONCOURSE</u>	<input checked="" type="checkbox"/> Add
		<u>ALPHARETTA, GA 30005</u>	<input type="checkbox"/> Remove
<u>Sr. Director of Finance</u>	<u>George Rodrigues</u>	<u>1725 WINDWARD CONCOURSE</u>	<input checked="" type="checkbox"/> Add
		<u>ALPHARETTA, GA 30005</u>	<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.

George Rodrigues
Signature of the authorized representative

George Rodrigues
Typed or printed name of signee

Filing Fee: \$25.00

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