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COVER LETTER

TO: , Registration Se Division of Cor			
	AR INTERNATIONAL, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MOSHE SCHWARTZ		
		Name of Person	
	BLUE STAR INTERNAT	IONAL, LLC	
		Firm/Company	
	2390 NE 172 STREET		
		Address	
	NORTH MIAMI BEACH,	FL 33160	
	MOSHE@UTIFL.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	ition)
For further information c	oncerning this matter, please ca	all:	
MOSHE SCHWARTZ		305 4664443 at ()	2917 TALL
Name o	f Person		elephone Number
Enclosed is a check for the	ne following amount:		7 P
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

New Registered Agent's Signature, if changing Registered Agent:

BLUE STAR INTERNATIONAL, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>04/14/04</u>	and assigned
Florida document number L04000028729		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	2390 NE 172 STREET	
	NORTH MIAMI BEACH, FL 33160	<u> </u>
Enter new mailing address, if applicable:	2390 NE 172 STREET	
Muiling address MAY BE A POST OFFICE BOX)	NORTH MIAMI BEACH, FL 33160	
3. If amending the registered agent and/or registered of	ffice address on our records, enter	the name of the
egistered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		7 12
New Registered Office Address:		2017
	Enter Florida street address	
	, Florida	<u>('` 1')</u>
	City	73. Zip Code

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 familia 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

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 = 1 $AMBR = 1$	Manager Authorized Member	• •	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			□ Remove
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ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to da If the date inserted in this block does not meet the applicable tient's effective date on the Department of State's records.	ate of filing or more than 90 day	(optional) s after filing.) Pursu	ant to 605.
ecord specifies a delayed effective date, but not an ne 90th day after the record is filed.	n effective time, at 12:	01 a.m. on th	ie earlie
ed ^{2/13} , ²⁰¹⁷ .	d-sepresentative of a member		
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Filing Fee: \$25.00