L10000/14620

(Requestor's Name)			
(Address)			
. (Address)			
	City/State/Zip/Phone #)	·		
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SECREJARY OF STATE

C. LEWIS

AUG 2 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Pirat	e Quest LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
		Kyle Costello	
		Name of Person	
		Firm/Company	
		1795 NE 40 Street	
		Address	
	0	akland Park, FL 33334	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	ky	/lecostello@mac.com	
		to be used for future annual report not	ilication)
For further information	concerning this matter, please of	call:	
ĸ	(yle Costello	at (410) Area Code & Daytin	212-4548
Name of Person		Area Code & Daytii	ne Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, 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**

Pirate Quest LLC

FILED

2011 AUG 24 PM 1: 00

SECRETARY OF STATE

Pi	rate Quest LLC	TALLAHA	SSEE, ELORIUA
(Name of the Limited Liabil	ity Company as it now appear a Limited Liability Company)	s on our records.)	
(A Fiorit	a Emitted Elability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	11/3/2010	and assigned
Florida document number L10000114620	•		
,			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>e</u> :	
	Bluefoot LLC		
The new name must be distinguishable and end with the w "L.I.C."	ords "Limited Liability Compa	ny," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
			:
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Manning dualess MAT DE ATOST OTTICE BOA			
			
D. If amonding the registered agest and/or mail	-4 L . CC		C 41
B. If amending the registered agent and/or registered agent and/or the new registered office ad	sterea office adaress on o dress here:	ur records, <u>enter t</u>	he name of the new
	WI COS TICLE		
Name of New Projetowed Ament.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Citv		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 608, 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 an inding the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add Remove Add 🔲 Remove Add Remove \square Add ___Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 23 2011 Dated _ ber or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00