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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	Marga	aret Blue Lago	oon, LLC	
SUBJE	.c.:		ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Yami Martor	у	
			Name of Person	
		Jorge E. Bla	nco, P.A.	
			Firm/Company	
		1401 Ponce	de Leon Blvd., #	<i>‡</i> 202
			Address	
		Coral Gable	s, Florida 33134	
		managat inggabil	City/State and Zip Code	
			iaria@hotmail.com to be used for future annual report notifi	ication)
For fur	ther information co	oncerning this matter, please ca	all:	•
yaı	mi martoi	y	at (305) 444-00 Daytime	044
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
⑤ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Margaret Blue Lagoon, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/11/2011 and assigned Florida document number L11000056236 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 255 Alhambra Circle, Suite 560 Enter new mailing address, if applicable: Coral Gables, Florida 33134 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action _□ Add ____ Remove ___□ Remove Remove <u>ා</u> □ Add ☐ Remove □ Add ____ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

	-
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and can	(optional) not be more than 90 days after
the date this document is filed by the Florida Department of State)	
the date this document is filed by the Florida Department of State) Dated July 11 2014	
the date this document is filed by the Florida Department of State)	5

Page 3 of 3

Filing Fee: \$25.00