L13000716225

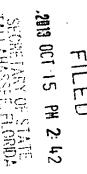
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N. Culffman ACT 1 5 2613

COVER LETTER

TO:

Registration Section Division of Corporations

4400S TRUST LL

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Pritchard

Name of Person

Polaris Capital and Investment

Firm/Company

2234 North Federal Highway, Suite 430

Address

Boca Raton, FL 33431

City/State and Zip Code

Tom@polarisinvestors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Pritchard

, 561 **235-7980**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

FILED.

2013 OCT 15 PM 2: 42

SECRETARY OF STATE
TALLAMASSEE FLORIDA

OF MALLAMASSEE FLORIDA

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L13000076225</u>	Company were filed on May	24, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company	v," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ABECCI	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	:	Address	Type of Action
MGR	CLOUD BLUE LLC		2234 N Federal Highway #43	OAdd
		-	Boca Raton, FL 33431	Remove
MGR	Polaris Holdings LLC	-	2234 N Federal Highway #43	
			Boca Raton, FL 33431	Remove
				Add
				Remove
				Remove
		-		
		-		Remove
				Add
				Remove

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i	10.9-2013
	Signature of a member or authorized representative of a member
	Thomas Pritchard

Page 3 of 3

Filing Fee: \$25.00

