A0400000 1545

Requestor's Name)
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Document Number)
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COVER LETTER

SUBJECT: BLUEWARP, COM LTD
SUBJECT: DLUCWINI, CUNI, LID
Name of Florida Limited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
ALAN RAGSDALE Contact Person
Contact Person
BLUEWARP. COM, LTO. Firm/Company
Firm/Company
Firm/Company 1101 BRICKELL AVE SOUTH TOWER, 8TH FLOOR Address
Address
MIAMI FL 33131 City, State and Zip Code
City, State and Zip Code
LEGAL@RATIOKONTAKT. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALAN RAGSDALE at (305) 504 - 7000 Name of Contact Person Area Code and Daytime Telephone Number
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status S105.00 Filing Fee Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

BLUEWARP. COM, LTD.

Insert name currently on file with Florida Department of State

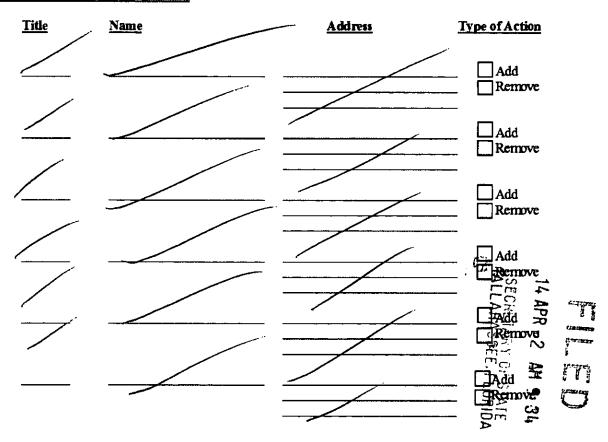
	ate was filed with the Florida Department of State on ida document number $\underline{A0400001545}$,
A. If amending name, enter the new name of the lin	nited partnership or limited liability limited partnership
here:	most partnership or innices naturely minest partnership
RATIOKONTAKT	LTD.
New name must be distinguisha	ble and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	
B. If amending mailing address and/or principal office address here:	al office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or register new registered agent and/or the new registered office	ed office address on our records, enter the name of the address here:
Name of New Registered Agent:	ASS 2
New Registered Office Address:	Enter Florida street address
	REAGO
	City Zin 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. Ifurther 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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:



E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

	ge(s) here: (Attach additional sheets, if necessary.)
ective date, if other than the date of filing:	•
ctive date cannot be prior to nor more than 90 days after th)	e date into document is fixed by the r writin Department of
nature(s) of a general partner or all general par	dners*:
OTE: Only one current general partner is required to sign the	is document unless the limited partnership is adding or
ving a "immited hability himited partnership" election statem i adding or removing a "limited liability limited partnership"	nent. Chapter 620, F.S., requires all general partners to sign
	o a de la constanta de la cons
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teken Jeuron	
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nature(s) of all new or dissociating general part	TALLAHASS
nature(s) of all new or dissociating general part	SECONDIAN OF TALLAHASSEE.F
nature(s) of all new or dissociating general part	14 APR-2 AM SECONDA OF TALLAHASSEE, F

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75