

L03000017089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

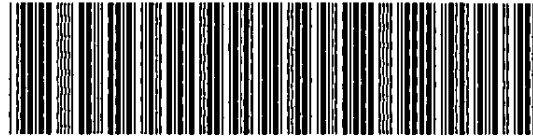
(Business Entity Name)

(Document Number)

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RECEIVED
09 FEB 12 AM 10:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 FEB 12 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

FEB 12 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 890267 7193352

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : February 11, 2009

ORDER TIME : 8:43 AM

ORDER NO. : 890267-005

CUSTOMER NO: 7193352

FILED
09 FEB 12 PM 2:35
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: BLUEVIEW, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BLUEVIEW, L.L.C.

(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 5/13/03 and assigned
Florida document number L03000017089.

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)

Enter new mailing address, if applicable:

(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)

(City), Florida (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)

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SECRETARY OF STATE

If amending 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ABRAHAM COHEN	19111 COLLINS AVE. 708 SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JERRY KAUFMAN	19195 MYSTIC POINT DR. 2607 AVENTURA FL 33180	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CDVII DORAL INVESTOR, LLC	C/O ING CLARION PARTNERS 230 PARK AVENUE NEW YORK NY 10169	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated FEBRUARY _____, 2009

Signature of a member or authorized representative of a member

CDVII DORAL INVESTOR, LLC
By: ING CLARION DEVELOPMENT VENTURES II, L.P., MGRM
By: Richard Schaupp, Manager

Filing Fee: \$25.00