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W4-32412

08/24/2005

Return address information. Contact phone number information.

To Whom It May Concern,

Change of name amendment from "Bluenova, LLC." To "Marybeth Giesler, LLC.".

Thank You,

Marybeth Giesler

Bluenova, LLC. Marybeth Giesler 141 Via Isabela Jupiter, Florida 33458 561-282-6110 office 561-951-0018 Cell

FILED 25 AN 9: 37
SECRETARY OF STATE

•	TRANSM	IITTAL LETTER	
TO: Registration Se Division of Co			
SUBJECT: BLUENO			
	(Name of Lin	nited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	MARYBETH GIESLER		
-	()	lame of Person)	
	(I	Firm/Company)	
141 VIA IS	SABELA		
		(Address)	
70	PITER, FLORIDA 33458	State and Zip Code)	
	(City)	State and Exp Code)	
For further information	concerning this matter, please c	all:	
MARYBETH	GIESLER	at (561) 282-6110	
	(Name of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	1 \$60.00 Filing Fee, ertificate of Status & 1 ertified Copy And additional copy tseach
			TAR
	EET ADDRESS: stration Section	MAILING ADDRESS Registration Section	TARY OF S

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUENOVA, LLC.

<u></u>	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on APRIL 29, 2004 and assigned document number L04000032472 and assigned.	d	
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted liability company:	by the limited	
TO CHANG FORMATION TO READ A	E THE NAME OF THE LIMITED LIABILITY COMPANY THE PARAGRAPH OF N WHICH SETS FORTH THE NAME OF THE LIMITED LIABILITY COMPANY IS S FOLLOWS:	THE ARTICLES S HEREBY AME	OF NDED
THE NAME	OF THE LIMITED LIABILITY COMPANY IS MARYBETH GIESLER, LLC.		
Dated AUG	UST 24 , 2005 .		
	Mauffith Liesee	2005 AUG 25 SECRETARY	11
	Signature of a member or anthorized representative of a member		
	Typed or printed name of signee	AM 9: 37 OF STATE EE. FLORIDA	O
	Filing Fce: \$25.00		