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SECRETARY OF STATE
TAIL KHASSEF, FIORID

T. CLINE
DEC 1 8 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: BLU	15H Investment	nts, Fort Walton B ed Liability Company	each, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	_ Sherie	Montalto Name of Person	1.400
		Firm/Company	
	46-0	. 8	
	423 Cav	Address	
	Ft. Walton	Bch., FL 3254	48
		City/State and Zip Code	
	Sheriemons E-mail address: (t	be used for future annual report notification	on)
For further information of	concerning this matter, please co	all:	
()	00 1 11		(a = 2
<u> Therre</u>	11) On talto	at (850) 428-37 Area Code & Daytime Tel	OD PIE
Name C	or reison	Area Code & Daytime Ter	The same and the s
			TARY O
Enclosed is a check for t	he following amount:		mo 3
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & · Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of States & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations fox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	ns
Tallahassee, FL 32314		2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	SHMCNTS LLC Ability Company as it now apper Orida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on		d
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the BLUSH Investments, For The new name must be distinguishable and end with the "L.L.C."	rt Walton Beach	LLC	viation
Enter new principal offices address, if applicabl	 	OIZ DEC SECRET	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	NAME OF STATE ASSEE, FLORIDA	- FO
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of th	e new
Name of New Registered Agent:			
New Registered Office Address:	E	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

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>Title</u>	<u>Name</u>	<u>Address</u> <u>T</u>	vpe of Action
·		MANUAR PROPERTY AND A STATE OF THE ASSESSMENT OF	Add
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		TALLAH ALLAH	Add T
		TALLAHASSEE, FLORIDA	Remove
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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
Dated _	December 14, 2012.
	5- Montallo
	Signature of a member or authorized representative of a member
	Sherie Montalto
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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SEGRETARY OF STATE