L04000037739

| (Daywashada Nawa) | | | | | |
|---|--|--|--|--|--|
| (Requestor's Name) | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| • | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| , , , , | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| , | | | | | |
| (Document Number) | | | | | |
| (2004) | | | | | |
| 0.15.10.1 | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| I | | | | | |

Office Use Only



700136646397

10/06/08--01033--024 **30.00

08 OCT -6 PH 12: 26
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

| TO: Registration Section , , , , , Division of Corporations | | | | | | | |
|---|--|--|--|--|--|--|--|
| SUBJECT: Blue Reef Equity Investments, LIC (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: | | | | | | | |
| Cynthia Fuoco (Name of Person) | | | | | | | |
| The Trident Group, Inc. (Firm/Company) | | | | | | | |
| 7575 Dr. Phillips Blut- Str. 210 | | | | | | | |
| Orlando, FL 32819 (City/State and Zip Code) | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| Cynthia Froco at (407) 345-8400 (Area Code & Daytime Telephone Number) | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | | | | | |

MAILING ADDRESS:

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

| Slue Keef Equity (Name of the Amited L (A F | NACSTACA iability Compar lorida Limited L | ty as it now appears on c iability Company) | our records.) | | |
|--|---|--|------------------------------|---------------------------|--------------------------|
| The Articles of Organization for this Limited Liab Florida document number <u>LO 40000377</u> | | were filed on <u>5/18</u> | loy | and assign | ed |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, enter the new name of t | he limited liabi | ility company here: | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limit | ted Liability Company," t | ne designation "L | A SECTION OF THE BOOK | revietton |
| Enter new principal offices address, if applical | ole: | | | TAN ASS | e haddenseen Ga Ga |
| (Principal office address MUST BE A STREET | ADDRESS) | | | 333 335 5 | 777 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo | <u>0X)</u> | | | 12: 26 STATE LORIDA | |
| B. If amending the registered agent and/or registered agent and/or the new registered officered. | | | ecords, <u>enter t</u> | he name of t | <u>he new</u> |
| Name of New Registered Agent: | _ Kara | Lynch | | | |
| New Registered Office Address: | <u>75 75</u> | Dr. Phillips (Enter F | Blwd, S lorida street add | He. 210 dress) | |
| | Orland | (City) | , Florida | 32819 (Zip Code) | |
| New Registered Agent's Signature, if changing Re | gistered Agent: | (Cuy) | | (Zip Coae) | |

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)

Page 1 of 2

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 = M | anaging Member | | |
|--------------|---|---|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Kara Lynch | 7575 Dr. Phillips Bld. Ste. 210 Orlands, FL 32819 | Add Remove |
| NGR | J. Craig Lynch | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendi | ing any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | SECHE |
| | | - | -6 PMIS |
| Dated | Signature of a monuber of | or aytherized representative of a member | 2: 26 |
| | / Kar | | |

Page 2 of 2

Filing Fee: \$25.00