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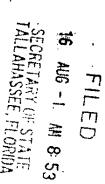
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## **COVER LETTER**

TO:

TO: Registrat Division o							
BLU	E STAF	R REALTY, LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed Artic	les of A	mendment and fee(s) are sub-	mitted for filing.				
Please return all co	rrespon	dence concerning this matter	to the following:				
		ROGER C SIMS					
			Name of Person		•		
		BLUE STAR REALTY LI	LC .		SE	76	
			Firm/Company		. ESE	➣	
		PO BOX 118857			TARY	AUG - I	
	•		Address			<b>≫</b>	ED
		CARROLLTON, TEXAS	75011		CONT STAT	∯ 8: 53	U
		rogercsims@aol.com	City/State and Zip Code		Xm.	<u>5</u>	
		-	to be used for future annual report notif	ication)			
For further informa	ation co	ncerning this matter, please ca	all:				
ROGER SIMS			972 800-1099 at ( )				
1	Name of	Person		e Telephone Number			
Enclosed is a check	k for the	e following amount:					
■ \$25.00 Filing I		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		
I I	Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Ce	n ations			

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE STAR REALTY, LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our re orida Limited Liability Company)	<u>cords.</u> )
The Articles of Organization for this Limited Liabilit Florida document number L04000053182	y Company were filed on	and assigned
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 contain 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 AL	DRESS)	
Enter new mailing address, if applicable:		FILE SECRETARY O
Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or re	egistered office address on our rec	FLORIDE S
registered agent and/or the new registered office a	<u>iddress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		11
	Enter Florida street a	
	City	, Florida
		- <b>r</b>

## 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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ffective date, if other than the an effective date is listed, the date m	e date of filing	connot be prior t	to date of filing o	r more than 90 da	(optional)	) Pursu:	ant to 6	05 02
ote: If the date inserted in this bocument's effective date on the	block does not m	neet the applica	ble statutory f	ling requiremen	its, this date	will no	ot be li	sted a
bediffent's effective date on the	Department of 3	tate s records.						
e record specifies a delaye		late, but not	an effectiv	e time, at 12	:01 a.m.	on th	e ear	lier
The 90th day after the re								
ated JULY 27  Pose  ROGER C SIMS		2016						
ated			·					
1/	(' ~							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00