

LD5000026150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12 NOV 29 PM 3:21
NOTARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. NOV 29 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2012

ALLEN WEST
1842 IVANHOE ROAD
ORLANDO, FL 32804

SUBJECT: BLUE PARTNERS, LLC
Ref. Number: L05000026150

We have received your document for BLUE PARTNERS, LLC and your check(s) totaling \$793.00. However, the document has not been filed and is being retained in this office for the following:

There is \$25.00 file fee for the Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 212A00026621

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blue Partners, LLC
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:

Grady Davis
Name of Person

Blue Partners, LLC
Firm/Company

2301 Kildare Dr
Address

Oviedo/FL/32766
City/State and Zip Code

gradysdavis@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grady Davis at (**407**) **718-5165**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & 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**

FILED
12 NOV 29 PM 3: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Blue Partners, LLC

(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 03/16/2005 and assigned
Florida document number L05000026150.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DFW Blue Properties, LLC

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:

2301 Kildare Dr

(Principal office address MUST BE A STREET ADDRESS)

Oviedo, FL 32766

Enter new mailing address, if applicable:

2301 Kildare Dr

(Mailing address MAY BE A POST OFFICE BOX)

Oviedo, FL 32766

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:

Shane Folds

New Registered Office Address:

2301 Kildare Dr

Enter Florida street address

Oviedo

City

Florida

32766

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>Address</u>	<u>Type of Action</u>
	No change		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)*

No Change

Dated October 19, 2012.


Signature of a member or authorized representative of a member

Shane Folds

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA