40600039617

(Requestor's Name)				
(Address)				
, ,				
(Address)				
(last obs)				
(City/State/Zip/Phone #)				
(City/State/2:p/Phone #)				
. PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				
A. LUNT				
MAY - 7 2008				
····				
<u>EXAMINER</u>				

Office Use Only



200128527012

05/06/08--01026--016 ++100.00

TILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AZURE, UNIT 31C (Name of Limited Liability)	2. L. C. y Company)
The enclosed Articles of Amendment and fee(s) are submitted for f	iling.
Please return all correspondence concerning this matter to the follow	wing:
ERIC BART	Of Person)
(Firm/	Company)
705 677	SECRETARY OF Someons ALLAHASSEE, FL dress)
DESTIV (City/State	dress) FLOF STATE and Zip Code)
For further information concerning this matter, please call:	
(Name of Person) at ((Area Code & Daytime Telephone Number)
Certificate of Status Cert	Filing Fee & Section S

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

_ AZURE UN	IT 310, UC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on $4//$	7/2006 and assigned	
Florida document number	<u> 3961</u> 7	2000 SE	
This amendment is submitted to amend the following.	ng:	7000 HAY -6 SECRETARY	
A. If amending name, enter the new name of the	e limited liability company here:	mar n	
BLUE WORLD HOLDIN The new name must be distinguishable and end with the	165, LLC	STA STA	
"L.L.C." B. If amending the registered agent and/or r	registered office address on our r)** -	
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
_	, Florida		
	(City)	(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>	Name	Address	Type of Action			
			Add Remove			
			Add Remove			
		AFE IA	Add Remove			
,		Y OF STA	A Table			
		Agi.	Add Remove			
			Add Remove			
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	<i>).)</i> 			
_	4/ / 2					
Dated	Cella	or or authorized representative of a member				
		5-BARTLETT or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00