

FROM : Division of Corporations

FAX NO. : 3054449829

Aug. 24 2010 7:42PM P1

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LO6000064020

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H10000189872 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RASCO, REININGER, PEREZ & ESQUENAZI
Account Number : 104076000124
Phone : (305) 476-7100
Fax Number : (305) 476-7102

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RASCO@RASCOKIDCK.COM

2010 AUG 24 AM 8:15
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

10 AUG 24 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE WATER STORAGE CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE

AUG 25 2010

EXAMINET

FROM :

FAX NO. :3054449829

Aug. 24 2010 3:42PM P2

H 10000189872 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE WATER STORAGE CENTER, 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 06/23/2006 and assigned
Florida document number L06000064020.

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 end with 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2010 AUG 24 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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

H 100001898723

FROM :

FAX NO. : 3054449829

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H 1.0000187014

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>
MGR	RAMON E. RASCO	283 Catalonia Ave Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANA LAUDA RASCO	283 Catalonia Ave Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	HECTOR R. VINAS	2760 University Drive Davie, Florida 33024	<input checked="" 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.)

2010 AUG 24 AM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated August 24, 2010

Signature of a member or authorized representative of a member

Ramon E. Rasco

Typed or printed name of signee

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Filing Fee: \$25.00

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