106000091870

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Sec ***Division of Corp	ction porations	*	
CHE	LELCOPE	MOND 4008, LLC		
3013	vicer.	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		FREDERIC BARTHE		
			Name of Person	
		FREDERIC BARTHE, PA	<u>, </u>	
			Firm/Company	
		17 SE 24TH AVE, 2ND F	LOOR	
			Address	
		POMPANO BEACH, FL	33062	
		FBARTHE@GMAIL.COM	City/State and Zip Code	
		=""	to be used for future annual report not	fication)
For fu	orther information co	oncerning this matter, please ca	all:	
FREI	DERIC BARTHE		954 784-2800	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclo	sed is a check for th	e following amount:		
■ \$2	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)
	MAILI	NG ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE DIAMOND 4008, LLC		
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L Florida document number L06000091870		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company b	<u>ere</u> :
The new name must be distinguishable and contain the v		designation "LLC" or the abbreviation "Lt.C."
Enter new principal offices address, if applic	cable:	2 7
(Principal office address MUST BE A STREE	ET ADDRESS)	
	/or registered office address o	n our records, enter the name of the new
registered agent and/or the new registered o	ffice address here:	
Name of New Registered Agent:	FREDERIC BARTHE, PA	
New Registered Office Address:	17 SE 24TH AVE, 2ND FLOOF	<u>L</u>
Hew Registered Office Address.	Enter Fl	orida street address
	POMPANO BEACH	, Florida 33062
	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 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, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Blue Property Management, LLC	700 E DANIA BEACH BLVD	□Add
		SUITE 202	■ Remove
		DANIA, FL 33004	Change
MGR	Natalia Logvinova Smalto	700 E DANIA BEACH BLVD	= Add
		SUITE 202	□ Remove
		DANIA, FL 33004	☐ Change
			□ Add
			□ Remove
			Change
			Add?
			OLABONOV CORPODATION
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an eff	ve date, if other than the date of ective date is listed, the date must be specified.	fic and cannot be prior to	date of filing or more than	(optional) 90 days after filing.) Pu	arsuant to 605.0207
lote:	If the date inserted in this block does ent's effective date on the Departmen	not meet the applicab	le statutory filing requir	ements, this date wil	I not be listed as t
	on the Department				
e rec	ord specifies a delayed effecti	ve date, but not	an effective time, a	t 12:01 a.m. on	the earlier of
	90th day after the record is fi		·		
	NOVEMBER 10TH	2016			
ated	NOVEMBER 10TH	, <u>2010</u>		-	
	K				
	/	V	zar representative of a me		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00