

FROM : LAZARUS

FAX NO. : 3052201440

Aug. 26 2008 10:38 AM P1

L67000076458

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000200821 3)))



H080002008213ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-8973
Fax Number : (305) 220-1440

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BLUE STRAWBERRY RESORTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
08 AUG 26 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

AUG 27 2008

EXAMINER

FROM : LAZARUS
850-617-6381

FAX NO. : 3052201440
8/26/2008 9:28 PAGE 001/001 Florida Dept of State

Aug. 26 2008 10:31AM P2



August 26, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUE STRAWBERRY RESORTS LLC
1748 INDEPENDENCE BLVD
F-2
SARASOTA, FL 34234

SUBJECT: BLUE STRAWBERRY RESORTS LLC
REF: L07000076458

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any further questions concerning your document, please call (850) 245-6855.

Ammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H08000200799
Letter Number: 708A00047430

RECEIVED
08 AUG 26 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM : LAZARUS

FAX NO. : 3052201440

Aug. 26 2008 10:31AM P3

H08000200821

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
08 AUG 26 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BLUE STRAWBERRY RESORTS 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 07/26/2007 and assigned
Florida document number L07000076458

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**)

444 BRICKELL AVENUE, SUITE 51-859

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

444 BRICKELL AVENUE, SUITE 51-859

MIAMI, FLORIDA 33131

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)

H08000200821

FROM : LAZARUS

FAX NO. : 3052201440

Aug. 26 2008 10:31AM P4

H08000200821

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>
MGMR	RICALDE JOAQUIN	5980 SOUTHWEST 7TH STREET MIAMI, FLORIDA 33144	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	RYAN PATTON	444 BRICKELL AVENUE, SUITE 61-850 MIAMI, FLORIDA 33131	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
08 AUG 26 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated


Signature of a member or authorized representative of a member
ERIKA GARCIA
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H08000200821