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SECRETARY OF STATE ALLAHASSEE, FLORIDA

T. HAMPTON

OCT - 6 2008

EXAMINER

COVER LETTER

Division of Corpo	orations					
SUBJECT: Blue Planet Partners, LLC						
(Name of Limited Liability Company)						
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.				
Please return all correspond	lence concerning this matter to	o the following:				
	•					
	Richard J Schaffer					
		(Name of Person)				
Prestige Financial Partners, LLC						
		(Firm/Company)				
1801 S Federal Highway, Suite 244						
(Address)						
Deiray Beach, FL 33483						
(City/State and Zip Code)						
5		,,				
For further information con	cerning this matter, please ca	11:				
Lorraine Caceres		at (561) 279-4431				
(Name of	Person)	(Area Code & Daytime Te	elephone 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)			

TO:

Registration Section

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

Blue Planet Partners, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	ny were filed on August 7, 2007	and assigned
Florida document number L07000081073		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Prestige Equity Group, LLC		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7 <u>5</u> 2008
	F. O	A COR
Enter new mailing address, if applicable:		η <u></u> Ο
(Mailing address MAY BE A POST OFFICE BOX)		n-11 D
)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida s	street address)
		orida
	(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 = Ma $MGRM = N$	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add
			Remove
			Add Remove
			Add Remove
			Add Remove
			A Damesto
D. If amen	ding any other information, enter chang		ZION OCT -3 A II: O
Dated Octo	per 1 , 2008	he fe	•
	· ·	er or authorized representative of a member	
	Richard J. Schaffer	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00