L07000087178

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COVER LETTER

10: Registration Section Division of Corporations

BLUEVISION INVEST, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

· Please return all correspondence concerning this matter to the following:

FREDERIC BARTHE

Name of Person

FREDERIC BARTHE PA

Firm/Company

17 SE 24TH AVE

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

FMB@BARTHE-LEIGH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREDERIC BARTHE

954_{at} 784 2800

Name of Person

Area Code & Daytime Telephone 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)

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

(Name of the Limited L (A F	iability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number L07000087178		-
This amendment is submitted to amend the follow	ving:	PH PH
A. If amending name, enter the new name of t	he limited liability company here:	STATIONS 3: 24
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	<u>. </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered officers.		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address
	- C	, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

BLUEVISION INVEST. LLC

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
MGR	CHAMPIN, FABRICE	100 N BISCAYNE BLVD SUITE 500	Add
		MIAMI, FL 33132	Remove
MGR	CROSS MANAGEMENT, LLC	100 N BISCAYNE BLVD SUITE 500	
		MIAMI, FL 33132	Remove
			Add OIVISMON OF CORPORATIONS ON PREINTY OF STATE AND PROPERTIONS OF REMAINS OF CORPORATIONS
			Add Remove
			Add Remove

. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
ated _	Time 20, 2013.
	Signature of a member or authorized representative of a member FREDERIC BARTHE ESQ.
	Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS