

LU7000088373

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 08 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Rose Development Group, 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:

Camilo Aguirre
Name of Person

The Immo Group, Inc.
Firm/Company

15211 NW 60 Ave
Address

miami LAKES, FL 33014
City/State and Zip Code

camilo@qmonumgroupofcompanies.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camilo Aguirre at (305) 632-2170
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**

Blue Rose Development Group, 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 August 28, 2007 and assigned Florida document number LO7000088373

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The JC Fund Management Group, LLC

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)

15211 NW 60 Ave.
miami lakes, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Camilo Aguirre

New Registered Office Address:

15211 NW 60 Ave

Enter Florida street address

miami lakes

, Florida

33014

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.

[Signature]
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:

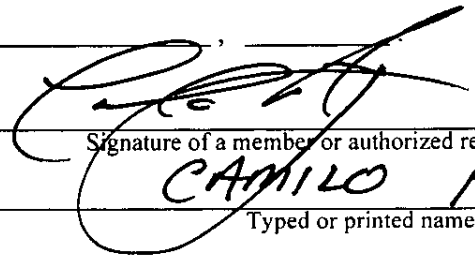
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M5RM	JOSE LUIS RODRIGUEZ	2655 N. BAY ROAD	<input type="checkbox"/> Add
		MIAMI BEACH, FL	<input checked="" type="checkbox"/> Remove
		33140	
M6RM	CAMILO AGUIRRE	15211 NW 60 AVE	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL	<input type="checkbox"/> Remove
		33014	
M6RM	BRENT MCKENZIE	15211 NW 60 AVE	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL	<input type="checkbox"/> Remove
		33014	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Dated _____



Signature of a member or authorized representative of a member

CAMILO AGUIRRE

Typed or printed name of signee