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SECRETARY OF STATE
ANALYSES STORID.

T. HAMPTON

AUG 1 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Blue E	agles US LLC			
		nited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Overia DII anno			
Susie D'Leon (Name of Person)				
	54 5			
	D'Leon Enterprises (Firm/Company)			
11201 SW 55th Street # 148 (Address)				
		(Aldiday)		
Miramar, FL 33025				
		(City/State and Zip Code)		
For further information	concerning this matter, please c	all:		
Susie D'Leon		at (954) 652.9475		
(Name of Person)		(Area Code & Daytime Telephone Number)		
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	S30.00 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		STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Zip Code)

Blue Eagles US 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 07/28/2008 and assigned Florida document number L07000114855 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 ___

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.

(Citv)

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 Type of Action <u>Name</u> Address Title Diana Chriedes HOR 1000 Trailmore lane Add 🗖 Remove □ Add Remove 🗗 Add Remove .□ Add Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 80 Dated: Signature of a member or authorized representative of a member 205a Typed or printed name of signee