L07000119399

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J. BRYAN

FEB - 7 2008

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Name of Lin	nited Liability Company)	
70h 1.4 at 1			
The enclosed Articles	s of Amendment and fee(s) are su	ibmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	John B Ale		
	001111 0 7 110	(Name of Person)	
			80 Sind
		(Firm/Company)	SECRETARY OBFEB-6
	0400 044 400 07		OF CO
	2190 SW 139 CT	(Address)	PM PM
			<u> </u>
	MIAMI - FL 33175		25
		(City/State and Zip Code)	C. G.
For further information	on concerning this matter, please	call:	
John B Ale		at (305) 801 5545	
(Na	me of Person)	(Area Code & Daytime I	Celephone Number)
Enclosed is a check f	or 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)
Reş Div P.C	AILING ADDRESS: distration Section ision of Corporations Box 6327 lahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Investment Mortgage	Brocker L.L.C.		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our re Florida Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Li	iability Company were filed on 11/30/2007	and assigned	
Florida document number _L07000119399			
This amendment is submitted to amend the folk	SECRETARY OF COR		
A. If amending name, enter the new name of	PA 2:		
Miami Blue Investment L.L.C. The new name must be distinguishable and end with		?; <u>₹</u>	
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:		ds, <u>enter the name of the new</u>	
Name of New Registered Agent.	IVA		
New Registered Office Address:	N/A		
	(Enter Florida street address)		
	(Enter Florid	•	
		Florida(Zip Code)	

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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Add Remove Add Remove Add Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Dated 01/22/2008 gnature of a member of authorized representative of a member Alfredo Palacio Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00