

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000230047 3)))



HD60002300473ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4994

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RECEIVED
18 OCT -6 PHIZ: 57
ECHETARY OF STATE

BLUE ARBA SOUTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

0c£ 06 2008 0:04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H08000230047)))

BLUE ARBA SOUTH, LLC			
(Name of the Limited Liabil	ity Company as it now appears on our reco. a Limited Liability Company)	rds,)	
(L. c. series	a Distance Distance Company)		
The Articles of Organization for this Limited Liability	Company were filed on February 4, 2008	and assigned	
Florida document number L08000012489	·	·	
,			
This amendment is submitted to amend the following:		7 18 m	
A VAI			
A. If amending name, enter the new name of the li	miten manifely company nere:		
		<u> </u>	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the design	nation "LLC" of the abbreviation	
The transport of the Color of t			
Enter new principal offices address, if applicable:		- 0	
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		-	
		1	
B. If amending the registered agent and/or reg		enter the name of the new	
registered agent and/or the new registered office ac	ldress here:		
	••		
Name of New Registered Agent:			
Name Devicement Office Address.			
New Registered Office Address:	(Enter Florida street address)		
•			
	, Florida		
New Designated Agentle Company of shancing Design	(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)

Page 1 of 2

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: (((H08000230047)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GUILLERMO CARRILLO, JR.	255 ALHAMBRA CIRCLE SUITE 500 CORAL GABLES, FL 33134	Add Remove
MGR	RICARDO CARRILLO	255 ALHAMBRA CIRCLE SUITE 500 CORAL GABLES, FL 33134	Add Remove
,			Add Remove
			Add Remove
			Add Remove
	,		Add
D. If ame	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necesse	75 8 T
_			AND 801 -6
	TOBER 3 200		₩ D 00
Dago <u>55.</u>	boran	per or authorized representative of a member	···
	GUILLERMO CARRIL	-	•
	Typ	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager