

1080000015304

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LLC AMND/RESTATE/CORRECT OR M/MG RES**BLUE ORCHARD FINANCIAL SERVICES, L.L.C.**

Certificate of Status	0
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M. Thomas FEB 20 2008



February 19, 2008

FLORIDA DEPARTMENT OF STATE

BLUE ORCHARD FINANCIAL SERVICES, L.L.C.
812 N.W. 28TH COURT
WILTON MANROS, FL 33311

SUBJECT: BLUE ORCHARD FINANCIAL SERVICES, L.L.C.
REF: L08000015304

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The amendment form you submitted is to amend a corporation, Please submit the Articles of Amendment to Articles of Organization.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H08000042220
Letter Number: 208A00010428

P.O BOX 6327 - Tallahassee, Florida 32314

H08000042220

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BLUE ORCHARD FINANCIAL SERVICES, 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 February 12, 2008 and assigned Florida document number L08000015304.

This amendment is submitted to amend the following:

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

BLUE ORCHID FINANCIAL SERVICES, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, Florida

(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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 2/18/2008

Mary Ann Michalak
Signature of a member or authorized representative of a member
Mary Ann Michalak
Typed or printed name of signer

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