#L0800052175

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ALL AND SERVE FLORING

K. BALY EXAMINER MAR 1 2011

COVER LETTER

TO: Registratio Division of	n Section Corporations	•	•
SUBJECT:	Blue Mink LLC		
	Name of Limited Liability Company		
The enclosed Article	s of Amendment and fee(s) are submitted for filing.		
Please return all corre	espondence concerning this matter to the following:		
	Barry A.N. Bloom Name of Person	-	
	bbloom@aol.com E-mail address: (to be used for future annual report notification)		
For further information	on concerning this matter, please call:		
	Barry A.N. Bloom at (407) 257-4072 ne of Person Area Code & Daytime Telephone Number	r	
Enclosed is a check for	or the following amount:		
∠ \$25,00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy Ce	ite of Status	

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

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Blue Min	KIIC	, 9£0,94 ·	FILED B 28 PM 4: 04
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea	rs on our records.) A	1000 STATE
(A Florida Limited Li	ability Company)		SSIE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	May 27, 2008	and assigned
Florida document numberL08000052175			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company hei	<u>·e</u> :	
Blue Mink Orlando			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compa	nny," the designation "LI	.C" or the abbreviation
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 offi registered agent and/or the new registered office address here		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
Non Registered Office Address.	En	ter Florida street addre	255

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	pager Managing Member		
Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			□Add □Remove
			Add Remove
D. If ameno	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			_
			
Dated	February 28 , 201	authorized representative of a member	
		arry A.N. Bloom	

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Filing Fee: \$25.00