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D. BRUCE

OCT 0 2 2008

EXAMINE

COVER LETTER

Division of Corporations			•				
SUBJECT: Blueberry Hill, LLC (Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Richard H. Adams (Name of Person)	_						
(Name of Person)							
Blueberry Hill, LLC (Firm/Company)	-						
	ΖX	80					
6883 SE 12th Circle	ECR	œ					
(Address)	. ET	<u>S</u>	ŢĦ				
Ocala, IL 34480	SSEE,	1					
(City/State and Zip Code)							
		☆					
For further information concerning this matter, please call:	James 1	<u> </u>					
D. 828-675-4606							
Kychaed H. Hdams at (407) 538-3995							
(Name of Person) (Area Code & Daytime Telephone Numb	er)						
Enclosed is a check for the following amount:							
(additional copy is enclosed) Certifie	ate of Statu		sed)				

MAILING ADDRESS:

TO:

Registration Section

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

Bluebean Hill, LL	C		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on o d Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>LOBOOO5578</u>	-	25, 2008 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," tl	ne designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	•	08 1.L.L.	
		BET R	
		RRY .	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		20 7 0	
		DAT .	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter F	(Enter Florida street address)	
	(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 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 **Type of Action** Name **Address** 🗖 Add Remove Remove ┌ Add Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 27, 2008 Signature of a member or authorized representative of a member Richard H. Adams
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00