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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Consist tratement on the	Tiling Officer	
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

T. HAMPTON

APR - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations TAX 15 #
SUBJECT: Bluwice Orlando LLC 26-2909047
(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:
Mauricio Ojeda
(Name of Person)
Bluwice Orlands LLC (Firm/Company)
21022 Ravella Lane (Address)
Palm Beach Gardens, Fl 33410 (City/State and Zip Code)
For further information concerning this matter, please call:
Mauricio Oseda at (240 354 3347 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

Bluwire Orlan	do LLC	
(Name of the Limited Liabilia (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number Logo Solo Living		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		32 <u>60</u> 132 <u>1</u> 2
		APR
Enter new mailing address, if applicable:		- CFAF
(Mailing address MAY BE A POST OFFICE BOX)		ORF ORF
		OR.
		S S S S S S S S S S S S S S S S S S S
B. If amending the registered agent and/or regi		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Fl	orida 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)

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 = Manager

MGRM = Managing Member **Type of Action** Address **Title Name** Kristine Clark
Spencer Clark _ Add Remove □ Add Remove □ Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00