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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 24 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Blue x 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:

OMAR A. ZAMBRANO

Name of Person

Blue x LLC

Firm/Company

1316 NW 78 Ave.

Address

Miami FL 33126

City/State and Zip Code

OZAMBRANO@PRIMEAIRCARGO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMAR A. ZAMBRANO

Name of Person

at (786) 253-8313

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

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TALLAHASSEE, FLORIDA

2018 FEB-22 A-6:55

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Blux, 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 Jul 31, 2008 and assigned Florida document number L08000-073395

This amendment is submitted to amend the following:

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

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

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

Name of New Registered Agent:

OMAR A. ZAMBRANO

New Registered Office Address:

1316 NW 78 Ave

Enter Florida street address

Miami

City

Florida

Zip Code

33126

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PT	Roger Paredes	1316 NW 78 Ave	<input type="checkbox"/> Add
		Mia, FL. 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PT	Dmar A. Zambrano	1316 NW 78 Ave	<input type="checkbox"/> Add
		Mia, FL. 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mgr	JUAN A. PALARRAGA	P.O. Box 526764	<input checked="" type="checkbox"/> Add
		Mia, FL. 33152	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Handwritten signature across the lines.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 2, 2016.

Handwritten signature of Omar A. Zambrano.

Signature of a member or authorized representative of a member

OMAR A. ZAMBRANO

Typed or printed name of signee