## L08000080379

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09/15/08--01016--024 \*\*25.00

SECRETARY OF STATE
SECRETARY OF STATE
OR SEP 15 PM 4: 03

J. BRYAN

SEP 16 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp	ction ' . corations		
SUBJECT:	Bluvire Boston L (Name of Limi	ted Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Maur	(Name of Person)	
		(Firm/Company)	<del></del>
	3699	Qavella Lane (Address)	
		CL Gardins FL 33416 (City/State and Zip Code)	OB SEP 15 PM 4: 03
For further information co	oncerning this matter, please ca	all:	F. A.
Mau ric	o Ojeda f Person)	at ( <u>) 40</u> 35 4 33 (Area Code & Daytime T	47 elephone Number)
Enclosed is a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blowice Rost	on L4 26-3	32048	5 000
( <u>Name of the Limited Li</u> (A F	ability Company as it now a lorida Limited Liability Comp	ppears on our records.) any)	and assigned to
The Articles of Organization for this Limited Liab Florida document number <u>LOSOMOSO379</u>	ility Company were filed or	8-99-08	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability compan	y here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability C	Company," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address if applicables	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
Emuling duaress MAT BE A FOST OFFICE BU	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	<del>da la mara da mara da</del>	(Enter Florida street addres	is)
	, , , , , , , , , , , , , , , , , , ,		
	(City)	, Florida (	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGA	Spencer Clark	574 Townsend 5t Birmingham, MI 48009	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	OBSEP 15 P
			CORPORATIONS 5 PH 4: 03
 Dated	9-10-08		
	Signature of a member o	r authorized representative of a member	
	Marricia C	Disda CEO	

Page 2 of 2

Filing Fee: \$25.00