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| (Requestor's Name)                      |  |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
| Special instructions to 1 imig Officer. |  |  |  |  |  |  |  |
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O SECRETARY OF STA

O9 Fig. -2 Fig. 10

M. THOMAS

APR - 3 2009

**EXAMINER** 

## COVER LETTER

| .•        | ,  | 00                        | TER BETTER                     |                                    |                             |             |
|-----------|--|---------------------------|--------------------------------|------------------------------------|-----------------------------|-------------|
|           | Registration Section<br>Division of Corporations |                           | . (                            | TAX ID #                           |                             |             |
| SUBJEC    | T: Bluwire                                       | Rosto (Name of Limited    | Liability Company)             | <i>⊋</i> 63                        | -<br>133301                 | 48          |
| The encl  | osed Articles of Amendment                       | and fee(s) are submitt    | ed for filing.                 |                                    |                             |             |
| Please re | turn all correspondence conce                    | erning this matter to the | ne following:                  |                                    |                             |             |
|           | Ma   | uricio (                  | (Name of Person)               |                                    | <del></del>                 |             |
|           | BI   | mire ?                    | (Firm/Company)                 | C                                  | _                           |             |
|           | ڪالڪ   | a Ravella                 | Lane (Address)                 |                                    | <del>_</del>                |             |
|           | Palm   | Beach                     | Carders Ty/State and Zip Code) | FL 33410                           | - JALL                      | 09 #        |
| For furth | er information concerning thi                    | s matter, please call:    |                                |                                    | AHASS                       | 疆-2         |
| Dai       | (Name of Person)                                 | ~                         | at (240)_3F<br>(Area Code o    | 84 3347<br>& Daytime Telephone Nur | RY OF STATE<br>SEE, FLORIDA | REOEIVED    |
| Enclosed  | is a check for the following:                    | amount:                   |                                |                                    | <del>-</del>                | <del></del> |

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Bluwise Boot   | on ILC  |                         |                      |              |
|--|---|-------------------------|----------------------|--------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida I   | Company as it now appears<br>Limited Liability Company) | on our records.)        |                      |              |
| The Articles of Organization for this Limited Liability C  | Company were filed on <u></u>                           | <u> </u>                | and as               | signed       |
| Florida document number LOSD 000 8037  | <u>7</u> .  |                         |                      |              |
| This amendment is submitted to amend the following:  |   |                         |                      |              |
| A. If amending name, enter the new name of the limit   | ited liability company here                             | :                       |                      |              |
| The new name must be distinguishable and end with the wor "L.L.C."                               | rds "Limited Liability Compan                           | y," the designation     | "LLC" or the         | abbreviation |
| Enter new principal offices address, if applicable:  | _==   |                         |                      |              |
| (Principal office address MUST BE A STREET ADDR  | (ESS)   |                         |                      |              |
|  |   |                         | <u> </u>             | -            |
|  |   |                         |                      |              |
| Enter new mailing address, if applicable:  |   |                         | - <del>282</del> - 1 |              |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                         | 111-                 |              |
|  | · · · · · · · · · · · · · · · · · · ·                   |                         |                      | - Property   |
|  |   |                         | STATI                | <b>L</b> . X |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | tered office address on ou<br>ress here:                | ır records, <u>ente</u> | the hame             | of the new   |
|  |   |                         |                      |              |
| Name of New Registered Agent:  |   |                         |                      |              |
| New Registered Office Address:   |   |                         |                      |              |
|  | (Ent  | er Florida street (     | address)             |              |
|  |   | , Florida               |                      |              |
|  | (City)  |                         | (Zip Cod             | de)          |
|  |   |                         |                      |              |

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 **Title Name** Address **Type of Action** Kristice Clark
Spencer Clark Add Remove Remove ☐ Add □ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 315h

Typed or printed name of signee
Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00