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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bluwice Reston 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:	
Mauricio Ojeda Name of Person	
Bluwise Goup LLC Firm/Company	
2622 Ravella Lane Address	
Palm Beach Gardens, FL 33410 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (S61) 290 9002 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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

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DIVISION	TENER STATE
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Blow	vire Bosten LLC	11 MAY 27 PH 20 32
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit		and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Bluwire Houston L	LC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	,	
	Enter Florida street address	
<u> </u>		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address** <u>Title</u> **Name** ☐ Add Remove □ Add ☐ Remove Add ☐ Remove Remove ∏Add \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 5-23-11 Signature of a member or authorized representative of a member Maurizio Ojros

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00