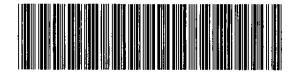
L08000080757

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			
·			

Office Use Only



700137916637

11/17/08--01021--022 **25.00

OB HOV 17 PH 3: 19

J. BRYAN
NOV 1 8 2008
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Blue Mind LLC	
	(Name of Limited Liability Company)	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	James R Sparks (Name of Person)	 Q. W.
	Blue Mind LLC (Firm/Company)	NISION OF PH 3: 1
	27251 SR 54 B14-123 Wesley Chapel, FL 33544	PH 3: 1
	Wesley Chapel, FL 33544 (City/State and Zip Code)	9 %
For fur	rther information concerning this matter, please call:	
_1	(Name of Person) at (88) 7858880 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
\$25	(additional copy is enclosed) Certified	e of Status &

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

Blur Mind 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 ________ Florida document number LOSO 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 end with 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: New Registered Office Address: (Enter Florida street address)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action Title Name James R Sparks
Alexander Douglas Remove MGRM ☐ Add Remove **↑** Add Remove _ Add Remove □ Add ∏ Remove Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November, 13 ntative of a member

' If atmending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00