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(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(C)	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
. (D	ocument Number)
Certified Copies	Certificates of Status
Chariel leaders time to	

Special Instructions to Filing Officer:

L. SELLERS
JUN 1 7 2010

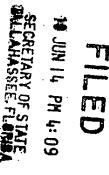
EXAMINER

Office Use Only



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COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	JECT: Blue Monarch Events, LLC.					
		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
		Jeff Scheitzach				
		Name of Person				
	Blue Monarch Events, LLC.					
Firm/Company						
	9502 Portbury Drive					
		Address				
		Orlando, FL 32836				
		City/State and Zip Code				
	<u></u> js	cheitzach@cfl.rr.com				
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report call:	notification)			
Je	ff Scheitzach	at (_407_)	876-8265			
Name	of Person	Area Code & D	aytime 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 enc	Section 1 (1997) Section 2 (1997) Section 2 (1997) Section 3 (19			
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 trassee, FL 32314	Registration S Division of C Clifton Buildi	orporations ing ve Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blu	<u>e Monarch Events, LLC</u>	•	
(Name of the Limited 1 (A l	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	12/08/2008	and assigned
Florida document number L080001120	042		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "L	.LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		·

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
			Service and
B. If amending the registered agent and/or		our records, <u>enter t</u>	Same of the new
registered agent and/or the new registered offi	<u>ice address here</u> :		HAZ I
Name of New Registered Agent:			End 3 UU
New Registered Office Address:			For the Control of th
	Er	nter Florida street add	
	C:u.	, Florida	Zip Code
	City		ир Соае

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 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> <u>Address</u> **Type of Action** <u>Name</u> MGRM Elizabeth A. Scheitzach 9502 Portbury Dr ☐ Add Orlando, FL 32836 ✓ Remove Elizabeth A. Scheitzach MGR 9502 Portbury Dr ✓ Add Remove Orlando, FL 32836 MGR Jeffrey R. Scheitzach 9502 Portbury Dr Orlando, FL 32836 ✓ Remove Jeffrey R. Scheitzach MGRM **✓** Add 9502 Portbury Dr Remove Orlando, FL 32836 □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 10 2010 Dated ___ Signature of a member or authorized representative of a member Jeffrey R. Scheitzach Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00