

L0900002776

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
09 OCT - 7 AM 11:50

T. HAMPTON

OCT - 8 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE OCEAN REALTY GROUP 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:

<u>DAVID LEWIN</u>	
Name of Person	
<u>BLUE OCEAN REALTY GROUP LLC</u>	Return Address:
Firm/Company	Blue Ocean Realty Group LLC
<u>1120 E. HALLANDALE BEACH BLVD.</u>	1120 E. Hallandale Beach Blvd
Address	Hallandale Beach, FL 33009
<u>HALLANDALE BEACH, FL 33009</u>	Contact Info:
City/State and Zip Code	David Lewin
<u>DLEWIN@BLUEOCEANRG.COM</u>	954 454-9001
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

<u>DAVID LEWIN</u>	at	<u>(954) 454-9001</u>
Name of Person		Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BLUE OCEAN REALTY GROUP 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 03/21/09 and assigned
Florida document number L09000027776.

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

City, 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:

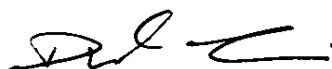
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>DAVID LEWIN</u>	<u>1867 HIDDEN TRAIL LN</u> <u>WESTON, FL 33009 33327</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>BEN COLONOMOS</u>	<u>2452 PROVENCE CT</u> <u>WESTON, FL 33327</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>LEO PEICHER</u>	<u>1640 DIPLOMAT DRIVE</u> <u>NORTH MIAMI BEACH, FL 33179</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>DELAR INC.</u>	<u>1867 HIDDEN TRAIL LN</u> <u>WESTON, FL 33327</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>BROWARD INVERSIONES LLC</u>	<u>2452 PROVENCE CT</u> <u>WESTON, FL 33327</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>RUJALE LLC</u>	<u>1120 E. HALLANDALE BEACH BLVD</u> <u>HALLANDALE BEACH, FL 33009</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____,



Signature of a member or authorized representative of a member

DAVID LEWIN

Typed or printed name of signee

FILED
09 OCT -7 AM 11:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS