109000046740

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
- - - -				



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FALLAHASSEE ET DONA.

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EXAMINER

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S. SLAHAWKES

EXEXAMINER



February 22, 2010

KEVIN A MURNANE 6316 MACLAURIN DR TAMPA, FL 33647

SUBJECT: BLUE SAIL MEDIA L.L.C.

Ref. Number: L09000046740

We have received your document for BLUE SAIL MEDIA L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 210A00004367

Suzanne Hawkes Regulatory Specialist II

Division of Compositions DO DOV 6997 Tollahassas Florida 99914

COVER LETTER

Division of Co	prporations		
SUBJECT:	Blue	e Sail Media	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sui	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Kevin A.Murnane	
		Name of Person	
		Devoted Caregivers	
		Firm/Company	
		6316 MacLaurin Dr.	
	 	Address	
		Tampa, FL 33647	
		City/State and Zip Code	-
	kevin	@devotedcaregivers.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please	call:	
Ke	evin Murnane	at (813)	443-4800
Name	of Person	Area Code & Daytin	ne 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 enclose	\$60.00 Filing Fee, Contificate 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 Sail Media			
(Name of the Limited)	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)		
(A	Tionua Emitted Elabinty Company)			
The Articles of Organization for this Limited Lia	ability Company were filed on	May 13, 2009	and assigned	
Florida document number L0900046	740			
This amendment is submitted to amend the follo A. If amending name, enter the new name of		<u>e</u> :	TALLAHASSEE,	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "	. <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET				
-			· · · · · ·	
	***************************************		***	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	BOX)			
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter	the name of the new	
Name of New Registered Agent:	Kevin A. Murnane Sr.	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	6316 MacLaurin Dr.			
	Enter Florida street address			
	Tampa	, Florida	33647	
	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.

f Changing Registered: Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR'= Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> Address **MGRM** Kevin A Murnane II 6316 MacLaurin Dr. Tampa, FL 33647 Add **Remove** Ashley B Lee MGR 6316 Mad aurim Dr. Tampa, FL 33647 Add Remove b5A. □ Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 16 2010 Dated Signature of a member or authorized representative of a member-Kevin Mumane Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00