L09 000057848

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2009 JUL 20 AM ID: 43
SECRETARY OF STATE
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T. CLINE

JUL 2 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: April 1 A BLUE, 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:
Ruhard G. Koledo, Esq.
Name of Person
Law Offices of Rihard G. Toledo, Esq. Firm/Company 21 SE 155 Avenue, 10th Troop
21 SE 155 Avenue, 10th 17001
Miami, Florida 33131
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification) For further information; concerning this matter, please call: Part Pa
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$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
21 MARINA BLUE, LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records. (ability Company))			
The Articles of Organization for this Limited Liability Company Florida document number $L0900057848$	were filed on June 15, 200	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	on "LLC" or the abbreviation			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Z009 JUL 20 AM ID: 43 SECRETARY OF STATE TALLAHASSEE, FLORID.			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AM ID: 43			
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	t address			
	_, Florid	a _ 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 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:				
	Manager = Managing Member			
<u> Title</u>	Name A	Address	Type of Action	
16R	Mr. Jose Anton		Add Remove	
		Suite 2501 Miami Beach, Monda 33160	Add Remove	
			Add Remove	
			SECRETARY OF SIGNALLAHASSEE, FL	

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

Dated_ July 15 / 2009

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00