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SECRETARY OF STATE
AND LAHASSEE, FLORIDA

T. CLINE

MAY - 7 2010

EXAMINER

COVER LETTER

	`	COVEREDITER	
TO: Registration Solution of Con			
SUBJECT:	Blue Tu	urtle One, LLC	
		ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	М	ichael C. Becker, CPA	
		Name of Person	
	A.4:	ishaal C. Baakar 9 Ca	
		ichael C. Becker & Co. Firm/Company	
	1897 Palm	Beach Lakes Blvd., Suite 210	— 17A
		Address	
	Wes	st Palm Beach, FL 33409	2010 MAY -6 SECRETAR, TALL AHASS
		City/State and Zip Code	RY SSE
	mich	aelcbecker@yahoo.com to be used for future annual report notification)	
For further information of	concerning this matter, please of	•	F STATE
	, , , , , , , , , , , , , , , , , , ,		Div. Of
	chael Becker	at (561) 689-409	
Name (f Person	Area Code & Daytime Telephone	3 Number
Enclosed is a check for t	he following amount:	<i>:</i>	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	e Turtle One, LLC			
(Name of the Limited Liabi (A Florid	lity Company as it now appe la Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	August 6, 2009	and assigne	ed
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company h	<u>ere</u> :		
	Lemeni, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation	SE	eviation
Enter new principal offices address, if applicable:			CRE MA	v _{s2} ppexeri
(Principal office address MUST BE A STREET AD	DRESS)		ASS -6	Activity of
Enter new mailing address, if applicable:			OF STATE	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	ddress here:		1 to 1	ne new
	A	Enter Florida street a	address	
		, 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, <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>:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated May 3 , 2010 .	<u>Title</u>	<u>Name</u>	Address	Type of Action
Dated May 3 . 2010		**************************************		
Dated May 3 , 2010 .				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated May 3 , 2010 .				Remove - F
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated May 3 , 2010 .				AARPY Add
Dated May 3 , 2010 .				最高 5 MAdd
a Procesi	D. If amen	ding any other information, er	nter change(s) here: (Attach additional sheets, if necessary	v.)
Denee.				
a Procesi	_			
A role	Dated	May 3		
AT A MANAGEMENT AS A SECRETARIA DE ANTIGEMENT DE ANTIGEMENT DE LA COMPANION DE LA COMPANION DE LA COMPANION DE			rolle -	<u>.</u>
Alessandro Rossi Lemeni Makedon			of a member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00