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COVER LETTER

TO:	Registration Sec Division of Corp			
CHID IE		RANCE GROUP, LLC		
SUBJE	-1;	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		INSURANCE GROUP, LLC Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Jaimin Patel		
			Name of Person	
		ANCE GROUP, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. dence concerning this matter to the following: Jaimin Patel Name of Person Blu Insurance Group, LLC Firm/Company 1408 N. Westshore Blvd. Suite 1025 Address Tampa, FL 33607 City/State and Zip Code jpatel@hrec.com E-mail address: (to be used for future annual report notification) noterning this matter, please call: Person at (727		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1408 N. Westshore Blvd. S	Suite 1025	
			Address	
		Tampa, FL 33607		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
Jaimin I	Patel			
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
\$25.	00 Filing Fee	•	Certified Copy	Certificate of Status &

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

BLU INSURANCE 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 08/17/2009	and assigned
Florida document number L09000079181		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	****	
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	1408 N. Westshore Blvd. Suite 1025	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33607	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Dogistared Agent's Signature if changing Dogistared Agents		

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 605, 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 amonding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Deepak Jakhotia	111 S. Melville Ave. Unit 4	
		Tampa, FL 33606	■ Remove
			□ Change
MGRM	Deepak Jakhotia	111 S. Melville Ave. Unit 4	
		Tampa, FL 33606	Remove
			Change
MGRM	Jaimin Patel	1408 N. Westshore Blvd. Suite 102	Add
		Tampa, FL 33607	Remove
			Change
			20 Remove HASSE HASSE
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Effective date, if	other than the date of fil	ling:		(optional)	
Note: If the date ir	listed, the date must be specific inserted in this block does no ve date on the Department of	ot meet the applicab	date of filing or more that the statutory filing requi	n 90 days after filing.) Pu frements, this date wil	rsuant to 605.0207 I not be listed as
ne record specif The 90th day	fies a delayed effective after the record is file	e date, but not ed.	an effective time,	at 12:01 a.m. on	the earlier o
Dated Sept	27	. 2016	<u>.</u> .		
,	/ Degua	Noch	tr.		
	Signature of	f a member or authori	zed representative of a m	ember	

Page 3 of 3

Filing Fee: \$25.00