L0900093596

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300246647133

04/11/13--01013--022 **25.00

Z013 APR 11 AM 8: 12

APR 12 2013

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Keltr	is Blue, LLC			
SOBJECT:	Name of Limited Liability Company	-		
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.			
Please return all corresp	condence concerning this matter to the following:			
	Thomas C. Tyler, Jr.			
	Name of Person	_		
	Thomas C. Tyler, Jr., P.A.			
	Firm/Company			
	735 E. Venice Avenue, Suite 200			
	Address			
Venice, Florida 34285 City/State and Zip Code			2013 APR	
		一条 係 その	PR	
	susan.cochran@blackstoneshoes.com	_ 35		j.
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			AH 8:	
Tom Tyler	at (941)488-4422	C PRIE	12	
Name	of Person Area Code & Daytime Telephone Nurr	iber		

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & 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

Keltris Blue, LLC				
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our rec da Limited Liability Company)	ords.)		
The Articles of Organization for this Limited Liabilit	ty Company were filed on 09/28/2009	 	and assi	igned
This amendment is submitted to amend the following	3:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desi	ignation "LLC"	or the a	bbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	ODRESS)	:71	2	· · · · · · · · · · · · · · · · · · ·
		-	<u></u>	
		26. 24.	APR	: 1
		25-24 10-25-25 10-25-25-25-25-25-25-25-25-25-25-25-25-25-	=	1
Enter new mailing address, if applicable:		<u> </u>		11)
(Mailing address MAY BE A POST OFFICE BOX	2		TE .	
		<i>ન</i> ું હું	 	
		ea m	12	
B. If amending the registered agent and/or re		s, <u>enter the</u>	name o	f the nev
registered agent and/or the new registered office a	address here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, F	lorida		
_ 	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 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>	Name	<u>Address</u>	Type of Action
MGR	Peter Cochran	1109 Delacroix Circle	Add
		Nokomis, FL 34275	Remove
MGR	Susana Ramlie-Cochran	1109 Dellacroix Circle	Add
		Nokomis, FL 34275	Remove
MS	Susana Ramlie-Cochran	1109 Dellacroix Cirlce	Add
		Nokomis, FL 34275	Remove
		ALIGNASSIC TORIES	Remove
			Add Remove

Page 3 of 3

Filing Fee: \$25.00

2013 APR 11 AM 8: