(Croorate) 9000001048848pt.1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090002584173)))



H090002584173ABC3

To: Division of Corporations Fax Number : (850)617-6393		l generate another cover sheet.	
	Division of		C 15 HASSE

: (561) 455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fax Number

Email	Address:				

AHASSEE, PLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE OCEAN CONSULTING, LLC

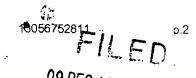
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Corporate ··



ARTICLES OF AMENDMENT JECRETARY OF STATE

ARTICLES OF ORGANIZATION . .

BLUE OCEAN CONSULTING, 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 on10/30/2009 and assigned
Florida document number L09000104848
This amendment is submitted to amend the following:
A. If smending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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 address)
(City) Florida (City)

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 affice 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)

Page 1 of 2

4.09000258+17.3

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>Name</u> <u>Title</u> Address Type of Action MGRM SVEINSSON, GREG 13180 N CLEVELAND AVENUE, STE 111 **⊠** Add NORTH FORT MYERS FL 33903 Remove MGRM SVEINSSON, DOUG 13180 N CLEVELAND AVENUE, STE 111 .≡∏ Add ₽ Z Remove NORTH FORT MYERS FL 33903 Add Remove □ Add Remove Add. Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) $C_{\mathcal{F}}^{(3)}$ 2009 Dated December 10 Signature of a member or authorized representative of a member

Typed or printed name of signee Page 2 of 2

Elizabeth A Maki