109000113249

| (Req | questor's Name) | |
|---|-------------------|-------------|
| (Add | lress) | |
| (Add | lress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600249409956

07/03/13--01017--028 **25.00

DIVISION OF CORPORATION

JUL 8 2013

T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

PLANET BLUE STONE 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:

FRANCISCO RUIZ

Name of Person

OLE SERVICES LLC

Firm/Company

135 SAN LORENZO AVE - STE 670

Address

CORAL GABLES, FL - 33146

City/State and Zip Code

FRUIZ@OLESERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCISCO RUIZ

{4/}305\529-04

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$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

PLANET BLUE STONE 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 Lia | bility Company | were filed on 11/25/200 | 9 and assigned | |
|--|---|-------------------------------|--|--|
| Florida document number L09000113249 | · | | SECRI DIVISION | |
| This amendment is submitted to amend the follow | L-5 | | | |
| A. If amending name, enter the new name of | the limited liabi | lity company here: | PH 3: | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limit | ed Liability Company," the | designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 135 SAN LORENZO AVE - STE 670 | | |
| | | CORAL GABLES, FL - 33146 | | |
| Enter new mailing address, if applicable: | | 135 SAN LORENZO | | |
| (Mailing address MAY BE A POST OFFICE B | <u>:0x)</u> | CORAL GABLES, I | -L 33140 | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | | | ords, <u>enter the name of the new</u> | |
| Name of New Registered Agent: | OLE SERVICES LLC 135 SAN LORENZO AVE - STE 670 | | | |
| New Registered Office Address: | | | | |
| | | Enter Flori | da street address | |
| | CORAL GA | BLES | , Florida <u>33146</u> | |
| | | 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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Manager MGRM = Managing Member | | | | |
|--------------------------------------|-------------|----------------|--|--|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action | |
| | | | Add | |
| | | | Remove | |
| | | | | |
| | | | Add | |
| | | | Remove | |
| | | | | |
| | | | Add | |
| | | | Add SECTION | |
| | | | -5 GENERAL STATE OF S | |
| | | | | |
| * | | | 8 288 | |
| | | | Remove | |
| | | | | |
| | | | Add | |
| | | | Remove | |
| | | | | |
| | | | Add | |
| | | | Remove | |
| | | | | |

| D. If amending any other information, enter | change(s) here: (Attach additional sheets, if necessary.) |
|---|---|
| • | |
| | |
| | |
| | |
| | |
| Dated APRIL 30 | 2013 |
| X Mulley | |
| | member or authorized representative of a member |
| JOSE ÉRIVALDO ARI | |
| | Typed or printed name of signee |
| | Page 3 of 3 |
| | Filing Fee: \$25.00 |

13 JUL -5 PH 3: 1