

209 000 11 6305

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 tax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000009639 3)))



H100000096393ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 14 AM 9:02

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLEU ESCAPE LLC

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

RECEIVED

10 JAN 14 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

M. THOMAS

JAN 15 2010

EXAMINED

4-10000009639-3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLEU ESCAPE 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 12/07/2009 and assigned
Florida document number L09000116305.

This amendment is submitted to amend the following:

A. If amending 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 "L.L.C." or the abbreviation "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

(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)

4-10000009639-3

FILED
2010 JAN 14 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

74-10000009639-3

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	MIKE A NEWBOLD	162 MAGICAL LANDING BLVD. KISSIMMEE FL 34744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SABRINA M HILAIRE	162 MAGICAL LANDING BLVD. KISSIMMEE FL 34744	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	KRYSTLE CORDNER	3994 MACDONOUGH AVE ORLANDO FL 32809	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated January 14, 2010

Sabrina M Hilaire

Signature of a member or authorized representative of a member

SABRINA M HILAIRE

Typed or printed name of signee

74-10000009639-3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 14 AM 9:02

FILED