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(Re	questor's Name)	 -		
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(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP	WAIT	MAIL		
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(Do	cument Number)			
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DEPARTMENT OF STATE OF STATE OF SERVICIONS 1

SECM TAY UT SSM

B. BOSTICK

MAR 31 2011

EXAMINER

COVER LETTER

TO:

Registration Section >

Division of Co	rporations						
SUBJECT:	BLUE	ALEON, LLC					
		ited Liability Company		-			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.					
Please return all corresp	ondence concerning this matter	r to the following:					
		HARRY K. DEAN, JR		_			
		Name of Person					
		BLUE ALEON, LLC					
		Firm/Company		_			
	360	3601 LITHIA RIDGE BLVD.					
		Address				•	
		VALRICO, FL 33596				1960er#39egg	
		City/State and Zip Code	,	- SS = -	HIR 31		
	-	KDJR@JUNO.COM		ETH	3	m	
		to be used for future annual report	notification)	교육 - 교육		5	
For further information	concerning this matter, please of	call:			<u>က်</u> -		
HARRY K. DEAN, JR.		at (_813)	850-9507	lis-			
Name	of Person	Area Code & Da	ytime Telephone Numb	er			
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 encl	Osed) Certific	Filing Fee, cate of Sta ed Copy onal copy	tus &		
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 passee, FL 32314	Registration S Division of Co Clifton Buildin	orporations ng re Center Circle	•			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE ALE	ON, LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny <u>as it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed onJANUARY 29, 2010 and assigned	
Florida document numberL10000011218		
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 end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	S 3	
	ကြွေး ယ	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	D:-(
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
 	, Florida	
	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

it amending the Managers or Managers or Manager or Manager or Manager Member Being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** Type of Action Name | <u>Address</u> MGRM HARRY K. DEAN, JR. 3601 LITHIA RIDGE BLVD. ✓ Add VALRICO, FL 33596 Remove ☐ Add Remove Add Remove Add 🔲 Remove £13 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MARCH 29 2011 gnature of a member or authorized representative of a member ANDREA LEONE

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00