## L10000016856

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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## dover letter

TO: Registration Section Division of Corporations				
SUBJECT: Blue Coast Real Estate Group CLC 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:				
Yennifer Sanchez Name of Person				
Blue Coast Real Estate Group LLC				
8691 NW 1915T				
Miami FL 33015  City/State and Zip Code  Blue (oast g gmx, com				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
Vennifer Sanchez at (305) 815-5140  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee & Status   \$55.00 Filing Fee & Secutificate of Status   \$55.00 Filing Fee & Secutificate of Status   \$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

Blue Coast Keal E	state Group, LLC		
( <u>Name of the Limited I</u> (A)	Liability Company as it now appears on of Florida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Lia Florida document number L1000001685		2010 and assigned	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
Blue (sast Real Est	ate GROUD LLC	2010 TAL	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	ne designation "LLC" or the Doreviation	
Enter new principal offices address, if applica	ble:	SS T	
(Principal office address MUST BE A STREET	ADDRESS)	mg 3	
		[3] ?:	
		(F)	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>lox</u>		
B. If amending the registered agent and/o registered agent and/or the new registered off	-	ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
N			

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, 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>	<u>Name</u>	Address	Type of Action
1 <u>GRM</u>	Adolfo Vega	6301 SIMMONS ST Hiani Lakes, FL 33014	Add Remove
	<del></del> .		Add Remove
			Add Remove
			200 ROBOVC T
			7 Add 2: 12 SSEE FLORID
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	P Add Remove
Dated Mo	arch 3 <sup>rd</sup> , 201	0	
	I land few S	or authorized representative of a member  or printed name of signee	

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Filing Fee: \$25.00