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J. BRYAN

APR 1 9 2009

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	BLU VIVO YA	TCH SERVICES, LLC	
		ited Liability Company	
	s of Amendment and fee(s) are sul	-	
		Karina Benitez, Esq.	
		Name of Person	
	Cor	dero & Associates, P.A.	
	Firm/Company		- POPE OF THE
	200.5	Biscayne Blvd. Suite # 4650	10 APR 16 PM 3: 39 SECRETARY OF STATE SECRETARY OF FLORED
Address		852 or F	
			Ma 2
	Miami, FL 33131		
	1.624.	City/State and Zip Code az@corderoassociates.com to be used for future annual report notificati	B E 19
	on)		
For further information	on concerning this matter, please	call:	
	Karina Benitez	at (305) 77	7-2677
Nai	me of Person	Area Code & Daytime Te	
	For the following amount:	\$55.00 Filing Fee &	\$60.00 Filing Fee,
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Re	AILING ADDRESS: gistration Section vision of Corporations	STREET/COURIER Registration Section Division of Corporation	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLU VIVO YATCH SERVICES, 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 Con	npany were filed on	March 05, 2010	and assigned	
Florida document number L10000025191				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company h	ere:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Com	pany," the designation "LI	C" or the abbreviation	
Enter new principal offices address, if applicable:	·			
(Principal office address MUST BE A STREET ADDRE.	•			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			<u>.</u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter th	e name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Cin	, Florida	Zip Code	
	Citv		ZID COAE	

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 Title Title Name <u>Address</u> Type of Action MGR Mayra Puchades 200 S. Biscayne Blvd. ✓ Add Remove Suite # 4650_____ Miami, FL 33131 Remove ☐ Add ☐ Remove ∏Add __Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 . April 14 Dated _____ Signature of a member or authorized representative of a member Karina Benitez, Esq., Authorized Representative of Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00