

71000073416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

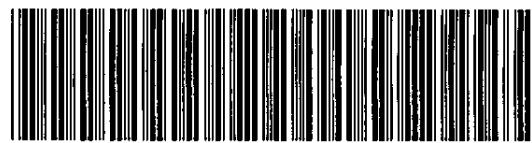
(Business Entity Name)

(Document Number)

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SHERIFF'S OFFICE  
FALL RIVER, MASS.  
MASSACHUSETTS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE SEA RE, 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:

MONIQUE TRONCONE CPA

Name of Person

MONIQUE TRONCONE CPA PA

Firm/Company

55 NE 5TH AVENUE SUITE 501

Address

BOCA RATON, FL 33432

City/State and Zip Code

monica@troncone-cpa.com

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

For further information concerning this matter, please call:

MONIQUE TRONCONE at 561 417-0308

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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 SEA RE, 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 03/26/2010 and assigned  
Florida document number L10000033416.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

55 NE 5TH AVENUE SUITE 501

BOCA RATON, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

55 NE 5TH AVENUE SUITE 501

BOCA RATON, FL 33432

**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:

MONIQUE TRONCONE CPA PA

New Registered Office Address:

55 NE 5TH AVENUE SUITE 501

*Enter Florida street address*

BOCA RATON

, Florida

33432

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

**MGR = Manager**

**MGRM = Managing Member**

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

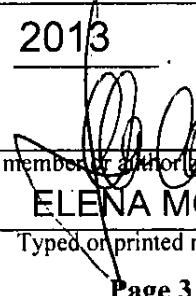
VERONA ANTONIO (MGR) PLEASE CHANGE ADDRESS TO :

55 NE 5TH AVENUE SUITE 501, BOCA RATON, FL 33432

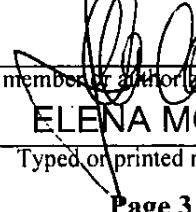
ELENA MORINI (MGR) PLEASE CHANGE ADDRESS TO :

55 NE 5TH AVENUE SUITE 501, BOCA RATON, FL 33432

Dated OCTOBER 24, 2013

  
Signature of a member or authorized representative of a member

ELENA MORINI

  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 NOV - 1 AM 11:45  
SUSAN M. MORINI  
VERONA ANTONIO  
RECORDED