

L10000090757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 9 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BLUE CEDAR M J INVEST 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:

JULIO REY

Name of Person

Firm/Company

17890 WEST DIXIE HWY PH 718

Address

NORTH MIAMI BEACH FL 33160

City/State and Zip Code

julioireymiamifl1@msn.com

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

For further information concerning this matter, please call:

Julio Rey

Name of Person

786 262-0150

at ()

Area Code & Daytime Telephone Number

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 enclosed)

☐ \$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

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TALLAHASSEE, FLORIDA

BLUE CEDAR M.J. INVEST, 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 August 18, 2010 and assigned Florida document number **L10000090757**

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17890 West Dixie Highway

Greynolds PH 718

North Miami Beach FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17890 West Dixie Highway

Greynold PH 718

North Miami Beach FL 33160

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

, 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

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:

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MGR = Manager
MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Julio Rey	SECRETARY OF STATE TALLAHASSEE, FLORIDA 17890 West Dixie Hwy	<input checked="" type="checkbox"/> Add
		Greynolds PH 718	<input type="checkbox"/> Remove
		North Miami Beach FL 33160	
MGR	Julio Rey	291 Bal Bay Drive	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Bal Harbour FL 33154	
			<input type="checkbox"/> Add
			<input 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.)

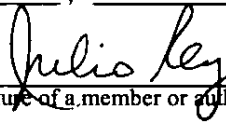
EIN 32-0335311

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated April 5, 2013



Signature of a member or authorized representative of a member

Julio Rey

Typed or printed name of signee

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Filing Fee: \$25.00