

Division of Corporations

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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TALLAHASSEE, FLORIDA**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE BLU POWER, LLC.**

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D. BRUCE

AUG 01 2011

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#11 000 192 2713.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE BLU POWER, 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 10/29/10 and assigned Florida document number L10000113449.

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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.

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33156
(305) 485-9300

If Changing Registered Agent, Signature of New Registered Agent

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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	Name	Address	Type of Action
MGR	CLARA ISABEL DUEÑAS	7322 NW 113 PL. MIAMI FL. 33178.	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	NALLY TASON	7322 NW 113 PL. MIAMI FL. 33178.	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LILIANA MONTAÑA	7322 NW 113 PL. MIAMI FL. 33178.	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOSEPH BUCHANAN	7322 NW 113 PL. MIAMI FL. 33178.	<input checked="" type="checkbox"/> Add <input checked="" 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.)

Dated

JUL 29 2011

Clara Isabel Dueñas

Signature of a member or authorized representative of a member

CLARA ISABEL DUEÑAS

Typed or printed name of signee

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