L1000114620

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PICK-UP WAIT MAIL			
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SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Bluefo	oot LLC				
SUBJECT:	Name of Limite	ed Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter t	to the following:			
	John Prno				
		Name of Person			
	Bluefoot LLC				
		Firm/Company			
	1795 NE 40th Street				
		Address			
	Oakland Par	k, FL 33334			
		City/State and Zip Code			
	info@bluefootpira	RICS.COM o be used for future annual report notificati	on)		
For further information co	ncerning this matter, please ca	•			
John Prno		at (561)843-673	5		
Name of	Person	Area Code & Daytime Te			
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2013 AUG 27 AM II: 17

SECRETARY OF STATE-TALLAHASSEE, FLORIDA

Bluefoot 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 11/03/2010	and assigned
Florida document number L10000114620		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our recor	ds, enter the name of the new
registered agent and/or the new registered office ad		os, one in anno or the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
<u> </u>		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 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 MGRM	Name Costello, Kyle	Address 1314 East Las Olas Blvd., Suite 904 Fort Lauderdale, FL 33301	[] Add
MGRM	Bridgette Cleary	1795 NE 40th Street Oakland Park, FL 33334	Add Remove
			_ Add Remove
			Remove Add Remove
			Add Remove

D. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)			
The percentage inter	rest for John Prno is 75%.			
The percentage inter	est for Bridgette Cleary is 25%.			
The percentage inter	rest for Kyle Costello is 0%.			
Dated August 19	2013			
M				
Signature of a member or authorized representative of a member				
Michael Stuart				
	Typed or printed name of signee			
	Page 3 of 3			

Filing Fee: \$25.00