L10000110323

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J. BRYAN

SEP - 4 2012

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	BLUE HILL	PARTNERS, LLC.	
SUBJECT:		ited Liability Company	_
	of Amendment and fee(s) are sub	_	
		AUBREY DUFFY	~3
		Name of Person	
	STRATA CAPITAL, LLC. Firm/Company		TALLAR SULF FEM
			AR P
	133 ARAGON AVENUE Address		- F. 2.
	COL	DAL CABLES EL 22424	第二 2
		RAL GABLES, FL 33134 City/State and Zip Code	
	AD	OUFFY@BHPRE.COM to be used for future annual report notification)	_
For further information	e-man address: (n concerning this matter, please of	•	
Al	JBREY DUFFY	at (305) 444-7333	
Nam	e of Person	Area Code & Daytime Telephone Num	ber
Enclosed is a check fo	r the following amount:		
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
Regi Divi P.O.	stration Section sion of Corporations Box 6327 shassee, 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 HILL PAR	TNERS, LLC.		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liability)	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document numberL10000116323	were filed on NOVEMBER 8, 2010 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
STRATA CAPI	TAL, LLC.		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
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)	PH 2: 21		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Enter Florida street address		
	, Florida		

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

<u> Fitle</u>	Managing Member Name	Address	Type of Action
			Add Remove
			Add Remove
·····			Add Remove
			Add Remove
			Add Remove
			Adh hRemove
D. If amei	nding any other information, enter change(s	s) here: (Attach additional sheets, if necessary)	5 3
<u> </u>	ADDRESS OF MANAGING MEMBER	L1.	P .:
<u> </u>	NEW ADDRESS - DAVID WALLACE -	MGRM (ភ្ន	2: 2:
	495 BRICKELL AVE	NUE APT. 2511	-
_	MIAMI, FL 33131		_
– Dated	AUGUST 27 , 201:	$\mathbb{Z}\mathcal{A}$.	
	- 1	rauthorized representative of a member BREY DUFFY	
		printed name of signee	

Page 2 of 2

Filing Fee: \$25.00