

L10000116323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

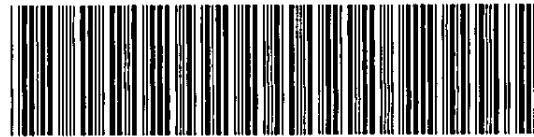
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300238335253

~~REG-200453-1009000000~~
~~DEPT-11 ONLY-25.00~~
~~08/31/12-01031-017~~
~~REG-400000-1009000000~~
~~DEPT-11 ONLY-25.00~~
~~08/31/12-01031-017~~
08/31/12-01031-017 **25.00

FILED
2012 AUG 31 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - 4 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE HILL PARTNERS, 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:

AUBREY DUFFY

Name of Person

STRATA CAPITAL, LLC.

Firm/Company

133 ARAGON AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ADUFFY@BHPRE.COM

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

For further information concerning this matter, please call:

AUBREY DUFFY

Name of Person

at (305)

444-7333

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

FILED
2012 AUG 31 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BLUE HILL PARTNERS, LLC.

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

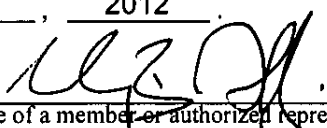
ADDRESS OF MANAGING MEMBER

NEW ADDRESS - DAVID WALLACE - MGRM

495 BRICKELL AVENUE APT. 2511

MIAMI, FL 33131

Dated AUGUST 27, 2012



Signature of a member or authorized representative of a member

AUBREY DUFFY

Typed or printed name of signee

FILED
AUG 31 PM 2:21
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT