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SECRETARY OF STATE TAIL AHASSEE, FLORID!

C. LEWIS

SEP 2 8 2011

EXAMINER

COVER LETTER

	on Section f Corporations		• · · · · · · · · · · · · · · · · · · ·
SUBFECT!"	BL	UJAY, LLC [,]	· •
	·	ited Liability Company	77.
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	r to the following:	
		Thomas H. O'Neil	
		Name of Person	
		Firm/Company	
		PO BOX 58396	
		Address	
	New	Orleans LA 70158-83	96
		City/State and Zip Code	
	E-mail address: (tomieo@gmail.com to be used for future annual repor	rt notification)
For further informat	ion concerning this matter, please of	call:	
	Thomas H. O'Neil	at (504)	264-5125
Na	ame of Person	Area Code & I	Daytime Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	\$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 FILE() OF

2011 SEP 27 AH 10: 46 BLUJAY ,LLC (Name of the Limited Liability Company as it now appears on our records SEE. F. (A Florida Limited Liability Company) 11/18/2010 and assigned The Articles of Organization for this Limited Liability Company were filed on _____ Florida document number _____L10000119879 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: 2661 LePage St New Orleans, LA 70119-3010 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: PO BOX 58396 New Orleans, LA 70158-8396 (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

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.

City

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michelle D. Spalding	713 S. Peninsula Dr Daytona Beach Fl 32118-4635	Add ☑ Remove
<u>MGRM</u>	Thomas H. O'Neil	2661 LePage St. New Orleans LA 70119-3010	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)	_
		ALC AHC	FILI 2011 SEP 27
Dated	9/23	SEEL FLORIDA	AM 19146
	Signature of	a member or authorized representative of a member Michelle D. Spalding Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00