

| (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: | | | | |
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Office Use Only

G. MCLEOD

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EXAMINER



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COVER LETTER

| Division of Co | proporations | | | | |
|---|--|--|---|--|--|
| SUBJECT: BLU | JE ISLAND INVEST | MENT OPPORTUNITIE | S, LLC | | |
| | | ited Liability Company | ······ | | |
| | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | | |
| | | | | | |
| | | MICAELA BAPTISTA | | | |
| | Name of Person | | | | |
| BLUE ISLAND INVESTMENT OPPORTUNITIES, LLC | | | | | |
| | Firm/Company | | | | |
| | 1472 SHELTER ROCK RD. | | | | |
| | Address | | | | |
| | ORLANDO, FL 32835 | | | | |
| | City/State and Zip Code | | | | |
| | MICA.BL | MICA.BLUEISLAND@HOTMAIL.COM | | | |
| | | to be used for future annual report notifica | ation) | | |
| For further information | concerning this matter, please of | call: | • | | |
| MICA | ELA BAPTISTA | at (_407_)2 | 18-2999 | | |
| Name of Person | | Arca Code & Daytime Telephone Number | | | |
| | | | | | |
| Enclosed is a check for t | he following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |

MAILING ADDRESS:

TO:

Registration Section

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

BLUE ISLAND INVESTMENT OPPORTUNITIES, 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 Compa | ny were filed on | 01/03/2011 | _ and assigned |
|--|---------------------------------------|--|------------------------|
| Florida document numberL1100000479 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | | |
| The new name must be distinguishable and end with the words "Li "L.L.C." | mited Liability Company | y," the designation "LLC | C" or the abbreviation |
| Enter new principal offices address, if applicable: | | Section 1 | ue-rende |
| (Principal office address MUST BE A STREET ADDRESS) | | 912 193 | |
| | | The state of the s | |
| | | | OI 1 |
| Enter new mailing address, if applicable: | | | 34 11 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 25 | N |
| | | | 1 0 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | r records, <u>enter the</u> | name of the new |
| 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.

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 <u>Name</u> **Address Type of Action** LEONARD ZINNI nonmgr ✓ Add 4124 VENETIA WAY PALM BEACH GARDENS, FL 33418 Remove ☐ Add Remove _□ Add Remove ∏Add Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) LEONARD: ZINNI IS TO BE ADDED AS A NON-MANAGING MEMBER AUGUST 12 2011 Dated

MICAELA BAPTISTA
Typed or printed name of signee

Signature of a member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00