L1100001505

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DIVISION OF CORPORATIONS

COVER LETTER

CR2E079 (5/06)

TO:	_	stration Section sion of Corporations		
SUBJ	ECT:	13732 Bluebird Pon		
		(Name of	Limited Liability Co	npany)
The enfiling.		I member, managing membe	er or manager resig	gnation and fee(s) are submitted for
Please	ereturn	all correspondence concern	ing this matter to:	
Mar	ia E 1	Forres Torres		
		(Contact Person)		_
		·		
		(Firm/Company)		
280 ⁻	1 Cat	pernet Circle		
	•	(Address)		_
Oco	ee, F	L 347 66 An 9.		
	•	(City/State and Zip Code)		
For fu	rther ir	nformation concerning this n	natter, please call:	•
Mari	аЕТ	orres Torres	at (787	, 564-9267
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos	sed ple	ase find a check made payab \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
		OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section
Divisi	on of C	Corporations		Division of Corporations
	n Build			P.O. Box 6327
		ve Center Circle Florida 32301	•	Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JAN 13 AM # 16

13732 E	<u> Bluebird Pond Rd, LL</u>	.C			
(Name of the Limited Liab	ility Company as it now appea da Limited Liability Company)	rs on our records.)			
(//////////////////////////////////////	da Emmed Clabinty Company)	11 15			
The Articles of Organization for this Limited Liability	y Company were filed on	01/05/2011	and assigned		
Florida document numberL11000001505	Marriagen argum "				
This amendment is submitted to amend the following	;:				
A. If amending name, enter the new name of the l	imited liability company he	re:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)	•			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter t	he 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 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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Felesha McArthur	2936 Red Oak Dr `	✓ Add
		Kissimmee, FL 34786	Remove
MGRM_	Maria E Torres Torres	2801 Cabernet Circle Ocoee, FL 34761	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary	ν.)
			SECRETARY NVSION OF C
			Y OF STATE ORPORATIO
Dated	January 7	<u>2011</u> .	の
	Masia E Signature of a men	mber or authorized representative of a member	
	•	Maria E Torres Torres	
		ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00