L11000038562

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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TO:	
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Registration Section
Division of Corporations'

CII	DI	EC	r.
วบ	DJ	E.C.	1:

BLUE GOLD INVESTMENT 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:

JUAN REYTOR

Name of Person

BLUE GOLD INVESTMENT LLC

Firm/Company

PO. BOX 227653

Address

MIAMI, FL 33222

City/State and Zip Code

jreytor@yahoo.com

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

For further information concerning this matter, please call:

Juan Reytor

Name of Person

, 786, **493-7085**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SOLD INVESTMENT LLC	
(Name of the Limited L (A F	Liability Company as it now appears on our rec Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Lia	bility Company were filed on 07/10/2013	and-assigned
Florida document number L11000038562		
This amendment is submitted to amend the follow	Ving:	FILED OF CORNE
This amendment is submitted to amend the follow	wing.	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	AM 11: 16
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<i>OX</i>)	•
B. If amending the registered agent and/or registered agent and/or the new registered offi		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida .	street address
	,FI	orida
	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

<u>Title</u>	<u>Name</u>	Address 1	vpe of Action
MGRM	Juan Reytor	9411 Fontainebleau Blvd.	Add
		# 212, Miami, FL 33172	Remove
MGRM	Miguel A. Russo	9411 Fontainebleau Blvd.	Add
		# 212, Miami, FL 33172	Remove
			Add
			DIMESION OF THE
			S FILE D ARY OF STATE Remove
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			Add
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	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Tania Espineta
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECKETAR OF COAFORATIONS

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