## L11000046420

| (Requestor's Name)                      |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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SECRETARY OF STATES TALLAHASSEE FEORIDA

J. SAULSBERRY EXAMINER

JUN 8 2011

## **COVER LETTER**

TO:

**Registration Section** 

| Division of C   | Corporations                               |  |  |  |
|---|--|--|--|--|
| SUBJECT:  | 1001 B                                     | lue Heron LLC  |  |  |
|   | Name of Limi                               | ted Liability Company  |  |  |
| The enclosed Articles   | of Amendment and fee(s) are sub            | omitted for filing.  |  |  |
| Please return all corre   | spondence concerning this matter           | to the following:  |  |  |
|   |  | Stanislav Zhuchenko  |  |  |
|   |  | Name of Person   |  |  |
|   |  | Sofieserge Inc   |  |  |
|   |  | Firm/Company   |  |  |
|   |  | 3100 NW 9Th Ave  |  |  |
|   |  | Address  | 2011 JUN -6<br>SEERETAR<br>ALLAHASSI   |  |
|   | Oa   | akland Park, FL 33309  | ARYOU SSEEL  |  |
|   |  | City/State and Zip Code  |  |  |
|   | So<br>E-mail address: (1                   | ofieserge@gmail.com to be used for future annual report notification | MM 8: II   |  |
| For further informatio  | n concerning this matter, please c         | all:   | <u> </u>   |  |
|   | nislav Zhuchenko                           | at \   | 9184   |  |
| Nam   | e of Person                                | Area Code & Daytime Telep  | shone Number   |  |
| Enclosed is a check fo  | r 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) |  |
|   | ILING ADDRESS:                             |  |  |  |
| Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Registration Section Division of Corporations                        |  |  |
|   |  | Clifton Building<br>2661 Executive Center C                          | ircle  |  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa<br>(A Florida Limited)  |                      | 04/19/2011               |                           |
|--|----------------------|--------------------------|---------------------------|
|  | y were filed on      | 04/40/2044               |                           |
| The Articles of Organization for this Limited Liability Company  |                      | 04/19/2011               | and assigned              |
| Florida document numberL11000046420  |                      |                          |                           |
| This amendment is submitted to amend the following:  |                      |                          |                           |
| A. If amending name, enter the new name of the limited liab  | bility company her   | <u>e</u> :               |                           |
|  |                      |                          |                           |
| The new name must be distinguishable and end with the words "Lim L.L.C."   | ited Liability Compa | ny," the designation     | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |                      |                          |                           |
| (Principal office address MUST BE A STREET ADDRESS)  |                      |                          | SS                        |
|  |                      |                          |                           |
|  |                      |                          | Se on C                   |
| Enter new mailing address, if applicable:  |                      |                          |                           |
| (Mailing address MAY BE A POST OFFICE BOX)   |                      |                          | <b>\$</b>                 |
|  |                      |                          |                           |
|  |                      |                          |                           |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |                      | ur records, <u>enter</u> | the name of the new       |
|  |                      |                          |                           |
| Name of New Registered Agent:  |                      |                          |                           |
| New Registered Office Address:   |                      |                          |                           |
|  | Ent                  | er Florida street a      | ddress                    |
|  |                      | , Florida                |                           |
|  | City                 | <u> </u>                 | 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                                    | Mammadov Ulvi                     | 300 NE 12Th AVE 302<br>Hailandale Beach, FL 33009        | ✓ Add Remove                   |
| *************************************** |                                   |  | Add Remove                     |
| . <u> </u>                              |                                   |  | Add Remove                     |
|   |                                   |  | Add Remove                     |
|   |                                   |  | Add<br>Remove                  |
| D. If amend                             | ling any other information, enter | r change(s) here: (Attach additional sheets, if necessar | Add Remove SEGRETARY ALLAHASSE |
|   |                                   | r change(s) here: (Attach additional sheets, if necessar | -6 AM 8: 16                    |
| <br>Dated                               | June 2nd ,                        | <u>2011</u>  | <del></del>                    |
|   | Signature of a                    | member or authorized representative of a member          |                                |
|   |                                   | Stanislav Zhuchenko Typed or printed name of signee      |                                |

Page 2 of 2

Filing Fee: \$25.00