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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

D. BRUCE

SEP 12 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1 SOUTH BLUE 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:

ARIEL ORTEGA
Name of Person

Firm/Company

1800 SW 1 STEET SUITE 101
Address

MIAMI FL 33135
City/State and Zip Code

ALVAREZJC61@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person 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**

1 SOUTH BLUE 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 Company were filed on 04-21-2011 and assigned Florida document number L11000047715.

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:

1800 SW 1 STREET SUITE 101

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33135

Enter new mailing address, if applicable:

PO BOX 350817

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33135

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TALLAHASSEE, FL 32310

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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:

ARIEL ORTEGA

New Registered Office Address:

1800 SW 1 STREET SUITE 101

Enter Florida street address

MIAMI

Florida

33135

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

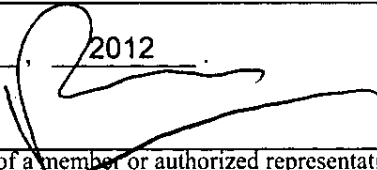
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANGEL PARRA	1143 NW 78 STREET DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ARIEL ORTEGA	1800 SW 1 STREET SUITE 101 MIAMI FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPROVAL
 AND
 FILED

Dated SEPTEMBER, 4 2012



Signature of a member or authorized representative of a member

ANGEL PARRA

Typed or printed name of signee