L11000047715

| (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



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02/08/13--01021--010 **60.00

SECRETARY OF STAIL SECRETARY OF CORPORATIONS

C. LEWIS
FEB 1 1 2013
EXAMINER

COVER LETTER

| TO: Registration Sec Division of Corp | | · · · · · · · · · · · · · · · · · · · | |
|---------------------------------------|---|--|--|
| SUBJECT: 1 SOL | TH BLUE LL | .C | - |
| SUBJECT: | | ted Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | ANGEL PAR | RRA | |
| | | Name of Person | , |
| | | Firm/Company | |
| | 11143 NW 7 | • • | |
| | | Address | ······ |
| | DORAL FL 3 | 33178 | |
| | | City/State and Zip Code | |
| | E-mail address: (t | o be used for future annual report notificati | on) |
| For further information con | ncerning this matter, please ca | all: | |
| | | at () | |
| Name of | Person | Area Code & Daytime Te | elephone 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

FILED SECRETARY OF STATE DIVISION OF CORPORATION

2013 FEB -8 AM 8: 46

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 Lia Florida document number <u>L11000047715</u> | ability Company | were filed on 02-0 | 6-13 | _ and assigned |
|--|--|--|---|------------------------------------|
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liabi | lity company here: | : | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limit | ed Liability Company | y," the designation "LLC | C" or the abbreviation |
| Enter new principal offices address, if applica | 11143 NW 78 STREET | | | |
| (Principal office address MUST BE A STREET | | DORAL FL 33178 | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE B | <u>80X)</u> | | | |
| B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent: | | : | r records, <u>enter the</u> | name of the new |
| New Registered Office Address: | 11143 NW 78 STREET | | | |
| | | Ente | r Florida street addre: | SS |
| | DORAL | | , Florida <u>331</u> | 78 |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing R | egistered Agent: | | | |
| I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c | oper and compl tered agent as p egistered office | lete performance of provided for in Cha | f my duties, and I am upte r 608, F.S. Or, if | familiar with and this document is |

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE
DIVISION OF CORPORATIONS or Managing Member being added or removed from our records: MGR = Manager 2013 FEB -8 AM 8: Life of Action MGRM = Managing Member Title **Name Address ARIEL ORTEGA 1800 SW 1 STREET MGR SUITE 101** Remove **MIAMI FL 33135** 11143 NW 78 STREET **ANGEL PARRA** MGR **DORAL FL 33178** Remove Remove Remove Remove

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

| D. If amending any other information, e | nter change(s) here: (Attach add | litional sheets, if necessary.) |
|---|-------------------------------------|--|
| | | litional sheets, if necessary.) SECRETARY OF STATE DIVISION OF CORPORATION |
| | | 2013 FEB -8 AM 8: 46 |
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| | | |
| Dated 02-06 | 2013 | |
| · liv do | of a marshar ar outh wind reserved | 4 |
| ARIEL ORTEGA | of a member or authorized represent | |
| | Typed or printed name of sign | 3A |

Page 3 of 3

Filing Fee: \$25.00