L/1000056339

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D. BRUCE
JUN 0 1 2011
EXAMINER

COVER LETTER

Division of Co					
SUBJECT:	Blueprint Semi	nars and Training LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		Mark Arena			
		Name of Person			
		Firm/Company		7 =	
434 Chilean Avenue Apt. 3D			HAY 3		
	_	Address		SEE.	
	<u>P</u>	alm Beach, FL 33480 City/State and Zip Code		PM 4: 20 Y OF STATE EE. FLORID	
	E-mail address: (karenacps@gmail.com to be used for future annual report notificat	tion)		
For further information	concerning this matter, please of	all:			
	Mark Arena	at (917) 76	57-9927		
Name	or reison	Alea Code & Dayune 1	elepholic Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	₹30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing I Certificate of Certified Cop (additional co	f Status &	
	LING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blueprint So (Name of the Limited Liab) (A Florid	eminars and Training LLC Hty Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L11000056339	· · ·	and assigned
This amendment is submitted to amend the following	ÿ.	
A. If amending name, enter the new name of the l	imited liability company here:	
	Generating LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD		E
		AS
		SE -
Enter new mailing address, if applicable:		温 星 四
(Mailing address MAY BE A POST OFFICE BOX)		
		20
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 = Mai MGRM = M	nager anaging Member		
<u>l'itle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			TI MAY 31
			PM 4:20
rated <u> </u>	× Marya HI	rem	20
	Signature of a member	r or authorized representative of a member Mark Arena	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00