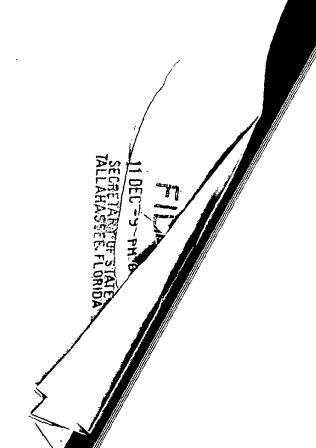
LIOOOddoor

(Requestor's Name)	_
/Address)	_
(Address)	_
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Copies Certificates of Status	
structions to Filing Officer:	
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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	porations				
SUBJECT:	Blues I	FortyOne LLC			
		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Stacey Mulder				
	Name of Person				
	Blues FortyOne				
Firm/Company					
	41 E. Palmetto Park Rd				
		Address			
	Вос	ca Raton, Florida 33432			
	e	City/State and Zip Code			
	E-mail address: (taciey4@yahoo.com to be used for future annual report r	notification)		
For further information co	oncerning this matter, please o	eall:			
Sta	acey Mulder	at (773)	415-1478		
Name of	f Person	Area Code & Day	ytime Telephone Number		
Enclosed is a check for th	e following amount:				
₹25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ING ADDRESS:		URIER ADDRESS:		
Registration Section Division of Corporations P.O. Box 6327		Registration Se Division of Co Clifton Buildin	rporations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S FORTYONE		
(Name of the Limited Liability (A Florida I	(Company as it now appea Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L11000066072</u>	ompany were filed on	06/06/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company he	ere:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	pany," the designation "Li	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, enter th	ne name of the nev
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	E	nter Florida street addi	-9 PM M
	City	, Fivi ku# <u> </u>	Zip G ode
New Registered Agent's Signature, if changing Registered	d 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 Mañagers 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>	Name	<u>Address</u>	Type of Action
MR	PETER F SANDAVOL	1642 SW LOFGREN AVENUE PORT ST. LUCIE FL 34953 US	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
· 			Add Remove
D. If amer	nding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	
_			
Dated	DECEMBER 5	ry A. Mulder)	
	Signature of a m	ember or authorized representative of a member	
		STACEY A MULDER Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00