# L11000071783

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SECRETARY OF STATE DIVISION OF CORPORATION

C. LEWIS
Feb 182013
EXAMINER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 31, 2013

MARILYN SHAPERA / BLUE LUXURY PROPERTIES LLC 5800 NW 24TH AVE #301 BOCA RATON, FL 33496

SUBJECT: BLUE LUXURY PROPERTIES, LLC

Ref. Number: L11000071783

We have received your document for BLUE LUXURY PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are trying to change your fictitious name, you have to fill out the fictitious name registration. If you are trying to change the LLC nameyou need to fill out the amendment for the LLC. I am confused about what you are trying to do. Please call our office for carification. Please note your LLC name is not the dba. Your fictitious name is the dba. You do not list the dba information on your LLC paperwork.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00002452

#### **COVER LETTER**

TO: Registration Seconds Division of Corp			
SUBJECT: BL	ue Luxuny pu	CCPONTICS LCC ted Liability Company	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Monityn	Name of Person  Luxuny Proper  Firm/Company	·
		Name of Person	_
	Blue	LUXURY PROPE	Ties UC
		Firm/Company	•
	5800 N.W	24th AVE # 301	
		Address	
	BOCA Ro	Ton FL 33496 City/State and Zip Code	
		City/State and Zip Code	
	SUPPERA E-mail address: (t	@ Ball South. NET to be used for future annual report notificati	on)
For further information co	oncerning this matter, please co	-	···,
MARILIN	Shapean	at (56/) 245 · 158.  Area Code & Daytime Te	3
Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for th	e 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

Name of the Limited Liability	RV PROPERTIES Company as it now appears on our firmited Liability Company)	FEB   5 AM   10: 26
The Articles of Organization for this Limited Liability C	ompany were filed on $\frac{6/21/}{}$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim  Macily of Shapera / Richard The new name must be distinguishable and end with the wo "L.L.C."		signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	a street address
		Florida
terratura di Pirita	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> Address 5800 N. W & 4<sup>Th</sup> Or 1730) Add

BOCO ROTON 150 33491 VRemove MAN, YN SHAPORA 5800 N.W 24th AVU SHAPERA Realty, LIC MGK Remove BOCA ROTON 156 33491 Remove Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)
~~	I want to change None From	
		properties ll
1	MANILY N ShopenA - DBA Blue LUXUNG 1 10: MANILYN ShopenA RCOLT - OBA : Blue LUXUN	y Properties
		,
		<del></del>
-	4.22	<del></del>
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- d	Signature of a member or authorized representative of a member	
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE ON VISION OF CORPORATION