

L11000072723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER



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11 SEP 15 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Star Projects , 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:

William Van Duine

Name of Person

Fort Myers International Forwarding inc

Firm/Company

8784 Alico Road suite 200

Address

Fort Myers FL,33912

City/State and Zip Code

info@ftmif.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Van Duine

Name of Person

at ( 239 )

277-5660

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**

**BLUE STAR PROJECTS 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 06/20/2011 and assigned  
Florida document number L11000072723.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

BLUE STAR PROJECTS LLC

8981 DANIELS CENTER DRIVE UNIT 204 E

FORT MYERS, FL 33912

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**FILED**  
**11 SEP 15 PM 2:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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:**

WILLIAM VAN DUINE / FORT MYERS INT, FWD. INC.

**New Registered Office Address:**

8784 ALICO RD SUITE 200

*Enter Florida street address*

FORT MYERS

Florida

33912

*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>
MGRM	HAFFELT, MARK	MARK HAFFELT 331 PARKDALE BLVD LEHIGH ACRES, FL 33974	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KISIELEWSKI, PETER	BLUE STAR PROJECTS LLC 8981 DANIELS CENTER DR #204E FORT MYERS, FL 33912	<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 type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9/9/2011, 2011

Atty at Fact

Signature of a member or authorized representative of a member

WILLIAM VAN DUINE

Typed or printed name of signee