

L11000091559

From: Paola Sanchez

Fax: (305) 670-1991

To:

Fax: (350) 617-6383

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090

Phone : (305) 670-1991

Fax Number : (305) 670-1993

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE 4002 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
2017 OCT 19 AM 9:51
2017 OCT 19 AM 7:28
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
10/20/17

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE 4002 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 08/09/2011 and assigned
Florida document number L11000091559.

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 contain 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**)

Enter new mailing address, if applicable: _____

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

FILED
OCT 19 AM 7:28
CLERK 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS GUSTAVO KRIEGER	9130 S DADELAND BLVD	<input checked="" type="checkbox"/> Add
		SUITE 1509	<input type="checkbox"/> Remove
		MIAMI FL, 33156	<input type="checkbox"/> Change
MGR	G & G MANAGEMENT US, LLC	9130 S DADELAND BLVD	<input type="checkbox"/> Add
		SUITE 1509	<input checked="" type="checkbox"/> Remove
		MIAMI FL, 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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