

L/1000097044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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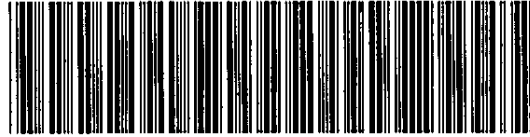
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 23 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blue Tree Media, 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:

Arnaldo Eladio Rodriguez

Name of Person

Blue Tree Media, LLC

Firm/Company

5611 Parker Avenue

Address

West Palm Beach, FL 33405

City/State and Zip Code

wpbagent@bellsouth.net

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

For further information concerning this matter, please call:

Arnaldo Eladio Rodriguez

Name of Person

561

Area Code

602-2330

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 Tree Media, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/24/2011 and assigned Florida document number L11000097044.

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:

5611 Parker Avenue

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33405

Enter new mailing address, if applicable:

P.O. Box 212812

(Mailing address MAY BE A POST OFFICE BOX)

Royal Palm Beach, FL 33421

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:

Arnaldo Eladio Rodriguez

New Registered Office Address:

5611 Parker Avenue

Enter Florida street address

West Palm Beach

City

, Florida 33405

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.

Arnaldo Rodriguez

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Lisa Ciminello	4731 W. Atlantic Ave - Ste B17	<input type="checkbox"/> Add
		Delray Beach, Fl 33445	<input checked="" type="checkbox"/> Remove
MGR	Arnaldo Eladio Rodriguez	5611 Parker Avenue	<input checked="" type="checkbox"/> Add
		West Palm Beach, Fl 33405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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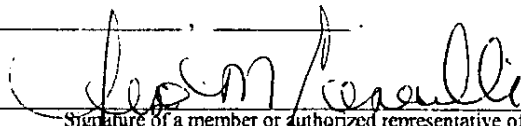
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Lisa M. Limasello

Typed or printed name of signer

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