L110000 98446

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
i.		

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1110Y-1 RM 1:26

C. LEWIS

NOV 2 2011

EXAMINER

Division of Co	orporations	•			
SUBJECT:	BLUE J	OURNEY LLC			
Sobolett.		ited Liability Company	<u> </u>		
The enclosed Articles o	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		VIK PARTI			
		Name of Person			
THE LAW OFFICE OF VIK PARTI PA					
		Firm/Company			
	7380 Sand Lake Road Suite 500				
	-	Address			
	Orlando, Florida 32819				
		City/State and Zip Code			
•	F. mail addings (vparti@partipa.com to be used for future annual report notifica			
		•	tion)		
For further information	concerning this matter, please of	all:			
	Vik Parti	at (321) 29	97-8756		
Name of Person		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)		

TO:

Registration Section

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

FILED

2011 NOV - 1 RM 1: 26

SECRETARY OF STATE FLORIDA

BLUE JOURNEY LLC

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

bility Company were filed on	08/26/2011	and assigned
ving:		
he limited liability company he	<u>re</u> :	
the words "Limited Liability Comp	any," the designation "L	LLC" or the abbreviation
ble:		
ADDRESS!		
		<u> </u>
<u> </u>		
 		
registered office address on ce address here:	our records, <u>enter t</u>	he name of the new
 		
	. 171 +1	
Enter Florida street address		
City	, Florida	Zip Code
	/ing: he limited liability company he the words "Limited Liability Comp ole: ADDRESS) registered office address on he address here:	/ing: the limited liability company here: the words "Limited Liability Company," the designation "Lole: ADDRESS) registered office address on our records, enter the address here: Enter Florida street add

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 a mending 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 **Title Name Address Type of Action** MGR INBUSINESS, INC. 3218 E COLONIAL DRIVE SUITE G ☐ Add ORLANDO FL 32803 US MGR HARRISON KUO 3817 Millenia Boulevard Apartment 310 🗹 Add Orlando, Florida 32839 ☐ Add ☐ Remove Add Remove □Add Remove 0 \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Typed or printed name of signee

Page 2 of 2

Signature of a member or authorized representative of a member HARRISON KUO

Filing Fee: \$25.00