# L12000009182

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B. BOSTICK

OCT 1 5 2013

EXAMINER

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

# BLUE RECYCLING 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:

## JON D BLAKESBERG

Name of Person

## BLAKESBERG & COMPANY CPA'S

Firm/Company

951 SW 4TH AVE

Address

### **BOCA RATON FL 33432**

City/State and Zip Code

#### MARIA@BLAKESBERGCPAS.COM

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

For further information concerning this matter, please call:

JON D BLAKESBERG

<u>, 561, 750-8300</u>

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)

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 RECYCLING LLC**

company has been notified in writing of this change.

(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 Liabil Florida document number L12000009182	ity Company were filed on JA	NUARY 19 2012	and assigned	
This amendment is submitted to amend the followin	ng:			
A. If amending name, enter the new name of the	e limited liability company her	<u>·e</u> :		
BLUE FOREIGN TRADE LLC				
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	any," the designation "LL	.C" or the abbreviation	1
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX</u>	<u>X)</u>	TALL ATA		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o <u>address here</u> :	our records, <u>enter th</u>	1.	Y
Name of New Registered Agent:				
New Registered Office Address:	En	nter Florida street addr	ess	
		, Florida		
<del>-</del>	City	, 1 101 Iua	Zip Code	
New Registered Agent's Signature, if changing Regi	istered Agent:			

If Changing Registered Agent, Signature of New 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

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>	Name	Address	Type of Action		
			Add		
			Remove		
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D. If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)
•	
Dated OCTOBER 10 2013	<u> </u>
Den S	
Signature of a member or authorized representative of a mem	per
ALPER SALTOS	
Typed or printed name of signee	

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Filing Fee: \$25.00

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