#1 12000028975

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Do	cument Number)			
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IZ HAR 26 PH IZ: 16 SECRETARY OF STATE VITAHASSEE, FLORIDA

K.SALY EXAMINER MAR 28 2012

COVER LETTER

	tion Section of Corporations
SUBJECT:	O4 LLC
	Name of Limited Liability Company .
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	CECILIA BALKARAN
	Name of Person
	O4 LLC
	Firm/Company
	13900 CR 455 UNIT 107, SUITE 129
	Address ,
	CLERMONT, FLORIDA, 34711
	City/State and Zip Code
•	INFO@BLUEO4.COM E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
	DECILIA BALKARAN at (407) 9521692 Name of Person Area Code & Daytime Telephone Number
	, , , , , , , , , , , , , , , , , , ,
Enclosed is a chec	k for the following amount:
\$25.00 Filing !	Fee \$\int_{\text{\$30.00 Filing Fee & Certificate of Status}}\$\int_{\text{\$55.00 Filing Fee & Certificate of Status}}\$\int_{\text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ (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**

FILED. 12 MAR 25 PM 12.

	O4 LLC		PTAPE -		
(<u>Name of the Limite</u> (O4 LLC d Liability Company as it now appears A Florida Limited Liability Company)	on our records	HASSEE, FLORIDA		
The Articles of Organization for this Limited		•			
Florida document numberL1200002	<u> 28975</u> .				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability company here:				
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Company	," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if appli	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u> </u>				
B. If amending the registered agent and	l/or registered office address on ou	r records, <u>enter (</u>	the name of the new		
registered agent and/or the new registered o	office address here:				
Name of New Registered Agent:	CECILIA BALKARAN				
New Registered Office Address:	13900 CR 455 UNIT 107, SUITE 129				
	Enter Florida street address				
	CLERMONT	, Florida	34711		
	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 = M	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM_	DAVE HARDT	13900 CR 455 UNIT 107, SUITE 129 CLERMONT, FLORIDA, 34711	Add _ ✓ Remove
MGRM_	272810 TRUST	13900 CR 455 UNIT 107, SUITE 129 CLERMONT, FLORIDA, 34711	✓ Add ☐ Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			_
			_
Dated	Hart	012	
	Dine Hardt:	r or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00