

L120000030398

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 25 PM 2:49

B. BOSTICK

MAY 26 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUESTEIN HIRSH & ASSOCIATES, 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:

ROBINSON QUEZADA
Name of Person
BLUESTEIN HIRSH & ASSOCIATES, LLC
Firm/Company
1820 NE 163 STREET SUITE 204
Address
NORTH MIAMI BEACH, FL 33162
City/State and Zip Code
BLUESTEINHIRSH@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBINSON QUEZADA at (**786**) **387.2484**
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

CLERK OF STATE
TALLAHASSEE, FLORIDA
12 MAY 25 PM 2:48

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

BLUESTEIN HIRSH & ASSOCIATES, 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 MARCH 02, 2012 and assigned Florida document number L12000030398.

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:

(Principal office address MUST BE A STREET ADDRESS)

1820 NE 163 STREET SUITE 204

NORTH MIAMI BEACH, FL 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1820 NE 163 STREET SUITE 204

NORTH MIAMI BEACH, FL 33162

12 MAY 25 PM 2:48
SECRETARY OF STATE
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:

1820 NE 163 STREET SUITE 204

Enter Florida street address

NORTH MIAMI BEACH

Florida

33162

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:

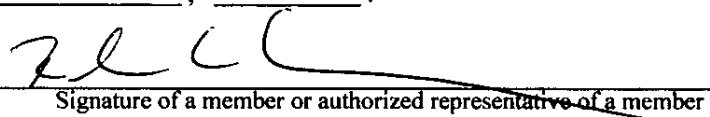
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROBINSON QUEZADA	1820 NE 163 STREET SUITE 204 NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANABEL DANIEL	1820 NE 163 STREET SUITE 204 NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MICHAEL CONNOLLY	1820 NE 163 STREET SUITE 204 NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADDED MGR ANABEL DANIEL AND MICHAEL CONNOLLY ARE NOT
AUTHORIZED TO MAKE CHANGES TO BLUESTEIN HIRSH & ASSOCIATES,
LLC.

Dated MAY 21, 2012


Signature of a member or authorized representative of a member

ROBINSON QUEZADA
Typed or printed name of signee

FILED
MAY 25 12
PH 2:48
TALLAHASSEE, FLORIDA