112000071034

(Reque	stor's Name)	
(Addre	ss)	
(Addre	55)	
(City/Si	tate/Zip/Phone #)	
PICK-UP	<u> </u>	MAIL
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W. WILLE

COVER LETTER

TO: Registration Section
Division of Corporations

Bluebone Development 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:



Name of Person

Bluebone Development LLC

Firm/Company

2905 PIERCE ST. APT 7

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

BEST.PROplive.com

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

For further information concerning this matter, please call:

KARANKEVICH, SIARHEI

305, 409-2764

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)

3 H 30 FH 4. 21

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

pidepona pavelopment Li			· · · · · · · · · · · · · · · · · · ·	
(Name of the Amite	Lightlity Compa Florida Limited (ay as it new at liability Compa	ny)	
The Articles of Organization for this Limited I Florida document number 112000071034	lability Company	were filed on	05/29/2012 and assigned	
This amendment is submitted to amend the fol-	lowing:			
A. If amending name, enter the new name of	f the limited link	ility company	there:	
N/A				
The now name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Co	ompany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if appli-	cable:	2905 PIE	RCE ST. APT 7	
(Principal office address MUST BE A STREE	ET ADDRESS)	HOLLYM	/OOD, FL 33020	
Enter new mailing address, if applicable:		2905 PIE	RCE ST. APT 7	
(Mailing address MAY BE A POST OFFICE BOX)		HOLLYWOOD, FL 33020		
II. If amending the registered agent and registered agent and/or the new registered o			on our records, enter the name of the new	
Name of New Registered Agent:	KARANKEVICH, SIARHEI			
New Registered Office Address:	2905 PIER	CE ST. AP	r7	
			Enter Florida street address	
	HOLLYWO	OD	, Florida 33020	
		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.

Page 1 of 3

Agent, Signature of New Registered Agent

13 HAY 30 PH 1.2

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
mgrm ———	TOBAR MORENO, JOSE IVAN	7000 Island Blvd # 2903	Add
		AVENTURA, FL 33160	Remove
			_
			Add
			Remove
			— -
		AL AHAS	Add Remove
		SEE, FLORION	Remove
		ORIĐA V	4: D
			Remove
			[_]
			Add
			Remove
			Add
			Remove

amending any other is	iformation, enter change(s) here: (Attach additional sheets,	if necessary.
		
MAY 09	2013	•
	Signature of a member or authorized representative of a memb	er
KARANKE	VICH, SIARHEI MGRM	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25,00	

13 MAY 30 PN 4:24
TALLYANASSEE, FLORIDA