

L12000071034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700249408957

07/05/13--01004--001 \*\*25.00

FILED  
13 JUL -5 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J Shivers JUL 08 2013

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **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:

**SIARHEI, KARANKEVICH**

Name of Person

**BLUEBONE DEVELOPMENT LLC**

Firm/Company

**7000 ISLAND BLVD # 2903**

Address

**AVENTURA, FL 33160**

City/State and Zip Code

**BEST.PRO@LIVE.COM**

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

For further information concerning this matter, please call:

**SIARHEI, KARANKEVICH**

Name of Person

at **(305) 409 - 2764**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**FILED**  
13 JUL -5 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**BLUEBONE DEVELOPMENT 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 05/29/2012 and assigned  
Florida document number L12000071034.

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)

7000 ISLAND BLVD # 2903

AVENTURA, FL 33160

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

7000 ISLAND BLVD # 2903

AVENTURA, FL 33160

**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: Best Pro Services Inc

New Registered Office Address: 6457 Central Ave

*Enter Florida street address*

St. Petersburg, Florida 33710

*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.*

*Madame Bovissou*  
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	TABUNOVA, KATSIARYNA	PADRIKU TEE 9/2-6	<input type="checkbox"/> Add
		TALLINN EE	<input checked="" type="checkbox"/> Remove
		11912 EE	
MGRM	RIVELAND, CHRISTOPHER	722 NE 8TH STREET APT 2	<input type="checkbox"/> Add
		HALLANDALE BEACH	<input checked="" type="checkbox"/> Remove
MGRM	INNOLAB OU LLC	ROTERMANNI 5// ROSENI 10-76	<input type="checkbox"/> Add
		TALLINN EE 10111 EE	<input checked="" type="checkbox"/> Remove
MGRM	RIVELAND, CHRISTOPHER A	722 NE 8TH STREET APT 2	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 13 JUL -5 AM 11:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

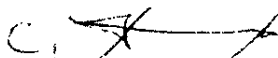
---

---

---

---

Dated JULY 01 2013



Signature of a member or authorized representative of a member

SIARHEI, KARANKEVICH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
13 JUL -5 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA