U2-000071034

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SECRETARY OF STATE TALLAHASSEE: FLORIDA

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COVER LETTER

TO:

Registration Section
Division of Corporations

BLUEBONE DEVELOPMENT LLC

SUBJECT:

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:

KARANKEVICH, SIARHEI

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:

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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

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 Lia	ability Company were f	īled on 05/29/2012	and assigned
Florida document number L12000071034	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability co	ompany here:	
n/a			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lia	bility Company," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
		5 [:	2013 AI
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/o	r registered office a		To T
registered agent and/or the new registered off		e I	राम 😸
Name of New Registered Agent:	KARANKEVICH	, SIARHEI	on the same of the
New Registered Office Address:	7000 ISLAND BI	_VD #2903	
	Enter Florida street address		255
	AVENTURA	, Florida <u>33</u>	160
	City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	oper and complete pe tered agent as provid egistered office addre	erformance of my duties, and I an ed for in Chapter 608, F.S. Or, ij	n familiar with and f this document is
	If Changing R	egistered Agent, Signature of New Reg	stered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action Remove Add Remove Remove Remove Remove

amending any	other information	n, enter change(s) here: (Attach additional sheets, if ne	cessary:.)
• -			
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TI			
July	29		
		04	
	Cinanti	ure of a member or authorized representative of a member	
KAD			
NAR	ANKEVICH,		
		Typed or printed name of signee	
		Page 3 of 3	

Filing Fee: \$25.00

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