L120000071034

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2014 APR 23 PM 12: 20
SECRETARY OF STATE OF AN ANALYSIS FOR THE ORIGINAL PROPERTY OF THE ORIGINA

014 APR 23 PM 12:

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T. HAMPTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bluebone Development LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	2014 SE(
The Articles of Organization for this Limited Liability Compare Florida document number L12000071034 This amendment is submitted to amend the following:		AH-Cand assigned
A. If amending name, enter the new name of the limited	ability company here:	EDPHIZ: 20 OF STATE STATE ORIDA
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.Box 697 Hallandale, FI 33008-06	697
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, <u>e</u> ere:	nter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** _□ Add ☐ Remove __ 🗀 Add _□ Remove _□ Add _□ Remove _D Add □ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Dated 04/10/2014	
Signature of a member or authorized represent	ative of a member
Maksim Tabunou	
Typed or printed name of sign	ee

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SECREDARY OF STATE

Will ADD 23 PM 19: