Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BEST PRO SERVICES INC

Account Number : J20140000068 Phone

: (727)504-1870

Fax Number

: (727)683-9500

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUEBONE DEVELOPMENT LLC

Certificate of Status	0
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Corporate Filing Menu

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TO:

Registration Section

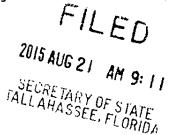
COVER LETTER

Division of Co	orporations		
	ONE DEVELOPMENT LLC		
SUBJECT:	Name of Line	lted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Picase return all corresp	pondence concerning this matter	to the following:	
	Maksim Tabunou .		
		Name of Person	
	BLUEBONE DEVELOP	NENT LI.C	
		Firm/Company	
	3169 SE 2nd Drive		
	<u> </u>	Address	
	Homestead, FI 33033		
	,	City/State and Zip Code	***************************************
	hest.pro@live.com	to be used for future annual report notific	ention)
For further information	concerning this matter, please c	•	··• ,
Maksim Tabunou		305 409-2764	
Name	of Person	Area Code Doytime	Telephone Number
finalased is a check for	the following amount:		
S25.00 Filing Fee		□ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi: Divis	LING ADDRESS: stration Section sion of Corporations	STREET/COURIE Registration Section Division of Corporat	iions

P.O. Box 6327 Tallahassee, FL 32314

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 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 commin the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3169 SE 2nd Drive Enter new principal offices address, if applicable: Homestead, Fl 33033 (Principal office address MUST BE A STREET ADDRESS) 3169 SE 2nd Drive Enter new mailing address, if applicable: Homestead, Fi 33033 (Mailing address MAY BE A POST OFFICE BOX) 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: 3169 SE 2nd Drive New Registered Office Address: Enter Florida street address Florida 33033 Homestead

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Maksim Tabunou	3169 SE 2nd Drive	
		Homestead, Fl 33033	□ Remove
			Change
AMBR	Siarhei Karankevich	3169 SE 2nd Drive	□ Add
		. Homestead, FI 33033	■ Remove
	•		□ Change
			D Add
			□ Remove
			Change TALLIAH
			HASSEE, HORAGE
		· ·	□ Remove
			□ Change
			□ Add
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