## 12000071034

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PICK-UP	WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**:

то:	Registration Sectorial Division of Corp			
SUBJE	ECT:	Bluebone Name of Lin	Development L nited Liability Company	<u> </u>
The end	closed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please	return all correspond	dence concerning this matter	r to the following:	
		Maks	Name of Person	
		Bluebone	Development Firm/Company	LCC
		1920/ Co.	lli'ns Ave, Apt Address	131 -d
		Sunny I	Sles Beach City/State and Zip Code	FL 33160
		m. tabun E-mail address:	on @ icloud. cor	cation)
For furt	her information cor	cerning this matter, please of	call:	
Mon	ksim Ta	RESON	at (305) 409 2 Area Code Daytime	764 Telephone Number
Enclose	ed is a check for the	following amount:		No FEB
<b>Ġ</b> ∕\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy) is englosed)

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

## TO ARTICLES OF ORGANIZATION OF

Bluebone Develop	ment LC
(Name of the Limited Liability Compo (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{05/29/20/2}{}$ and assigned
Florida document number <u>112000071034</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19201 Collins Ave Apt 131-0
(Principal office address MUST BE A STREET ADDRESS)	19201 Collins Ave Apt 131-0 Sunny Isks Beach, Fl 33/60
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	19201 Collins Ave, Apt 131-d Sunny Isles Beach, Fl 33160
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent	Tabunou, Maksim
New Registered Office Address: /920/	Tabunou, Maksim  Collins Ave, Apt 731-3  Enter Florida street address  Sks Beach, Florida 33160  City Zip Code [T]
Sunny I	City Beach, Florida 33/60 Zip Code 179
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Tabunou, Maksim	3/69 SE 2nd DRIVE	
		3/69 SE 2nd Drive Momesterd, PC 33033	Remove
			Change
AMBR	Tabunou, Maksim	19201 Collins Auc,	id Add
		Apt 131-d, Sunny Ish	≥S □ Remove
		Beach, FL 33/60	Change
			Remove
			Change
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) =
te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier of
tz 4	
ted February 16, 2016	
Signature of a member or authorized represent	tative of a member
11 1	
Maksim Tabunou Typed or printed name of sign	

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Filing Fee: \$25.00