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(Re	equestor's Name)	
(Àq	dress)	
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section
	Division of Corporations

MOBU TRUNK 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:

Jennifer Walker		
Name of Person .	_	
Bleue, LLC		
Firm/Company	-	
41 Friendship Court	- -3	
Address	ALL SEC	
Safety Harbor, FL 34695	2013 ÅPR -1 PE SECRETARY OF TALLAHASSEEJ	T
City/State and Zip Code	- RY SSE -	1
shopbleue@gmail.com		T.
E-mail address: (to be used for future annual report notification)	155 157 158 158 158	
For further information concerning this matter, please call:	PH 4: 10 OF STATE OF FLORIDA	
Tiffany Hausdorf 727 365-9570	-	

Tiffany Hausdorf

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 Tallahassee, 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

MOBU TRUNK LLC	
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appears on our records.</u>) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number 112000099992	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
BLEUE LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviat
Enter new principal offices address, if applicable:	41 FRIENDSHIP COUR至2 皇
(Principal office address MUST BE A STREET ADDRESS)	SAFETY HARBOR, FL 34695
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	41 FRIENDSHIP COURTES SAFETY HARBOR, FL 39695
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
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 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.

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		
Title	Name	Address	Type of Action
		<u></u>	Add
			Remove
			<u></u>
			Add
			Remove
			Add
			Add Remove
			APRIL PILE D AHASSEE, FLORIDA
			Add
			Remove
			Add
		***************************************	Remove
			Add
			Remove

		
•		
Dated MARCH 25TH	2013	
	THE HE	
	a member of authorized representative of a member	
TIFFANY HAUSDORF		
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00

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

SECRETARY OF S