

L12000107773

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000256096 3)))



H160002560963ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ALVAREZ, SUAZO & ASSOCIATES
Account Number : I20130000076
Phone : (305) 388-7028
Fax Number : (305) 479-2705

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE & GOLD ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

017 OCT 17 AM 10:20

ALLAHASSE: FLORIDA

DEPARTMENT OF STATE
ALLAHASSE: FLORIDA
16 OCT 17 AM 9:59

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 18 2016

Y SULKER

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE & GOLD ENTERPRISES, 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 08/21/2012 and assigned
Florida document number L12000107773

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or 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)

FILED
OCT 17 AM 9:58
TALLAHASSEE, FLORIDA

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: N/A

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS A PANECCI	500 BAYVIEW DRIVE # 220	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL	<input checked="" type="checkbox"/> Remove
		33160	<input type="checkbox"/> Change
MGRM	DANIEL W MARTINET	500 BAYVIEW DRIVE # 220	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL	<input checked="" type="checkbox"/> Remove
		33160	<input type="checkbox"/> Change
MGR	CLAUDIO A MINONES	500 BAYVIEW DRIVE # 220	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL	<input type="checkbox"/> Remove
		33160	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
 16 OCT 17 AM 10:09
 FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

N/A

Multiple horizontal lines for amending information.

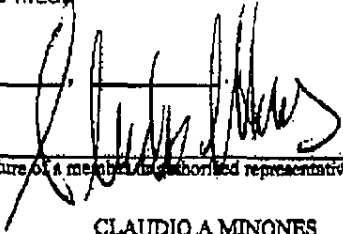
CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

16 OCT 17 AM 09:09

FILED

E. Effective date, if other than the date of filing: 10/13/2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated: 10/13/2016


Signature of a member or authorized representative of a member
CLAUDIO A MINONES

Typed or printed name of signer