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D. BRUCE
SEP 28 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	***		
SUBJI	ECT: A.L. PHA BLUE INVESTIGATIONS Name of Limited Liability Company	<u>LL</u> C		
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	CAROLYN L BURNHAM Name of Person Alpha Blue Investigation Firm/Company			
	ALPha Blue INVESTIGATION Firm/Company	<u>s</u>		
	P.O. Box 883 Address	PANCAL PROPERTY CONTROL		
	MILTON F1 32577 City/State and Zip Code			•
	hapkido nidan a vahoo. Co. E-mail address: (to be used for futuse annual report notification)	m	SECRETAR ALLAHASS	
For fu	rther information concerning this matter, please call:		ک≕نشا	
Ca	Name of Person at (850) 361-7507 Area Code & Daytime Telephone	Number	OF STATE	
Enclos	sed is a check for the following amount:	8		
\$25	Certificate of Status Certified Copy (additional copy is enclosed)	0.00 Filing F Certificate of Certified Cop additional co	Status &	ed)

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

ALPHA BLUE INVESTIGATIONS "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	v Comnany u	vere filed on O	راد عک عا	∩12 and assigned	
Florida document number 1200010190		Total Inter on 12.	0		
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	imited liabili	ity company her	.ē: ;	•	
ALPHA BLUE INVEST The new name must be distinguishable and end with the v "L.L.C."			any," the designation	"LLC" or the abbrevia	_ tion
Enter new principal offices address, if applicable:		6827	Carolin-	e Street	
(Principal office address MUST BE A STREET AD	DRESS)	StE C		AS 75	_
		MILTOI	O FL 3	32 <u>5108</u>	
Enter new mailing address, if applicable:		POBO	· x 883	FILE P 27 I TARY HASSEE	ANG
(Mailing address MAY BE A POST OFFICE BOX)		MILTON	OFI :	sacrae	;
B. If amending the registered agent and/or regressered agent and/or the new registered office a	~		our records, <u>ente</u>	r the name of the r	<u>1ew</u>
Name of New Registered Agent:					
New Registered Office Address:	827 C		. Street iter Florida street d	Ste C	
<u></u>	MILTO	2	, Florida	<u> 3a570</u>	
·		City		Zip Code	
New Registered Agent's Signature, if changing Registe	ered 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 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** ☐ Add Remove Remove ☐ Add Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated System bur 24, 2017.

Carayy & Burnham

Signature of a member or authorized representative of a member Burn HAM
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00