12000/09535

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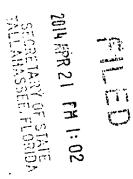
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COVER LETTER

Division of Corp	oorations 🍎				
SUBJECT: Blue	Ocean Beauty	Salon, LLC			
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	Alberto Joa				
	-	Name of Person			
		Firm/Company			
	5376 Water	vista Drive			
		Address		201	
	Orlando, FL	32821	T A	2014 ŘPR 2 SECRETAR	eue 5.0. 2 2.00277
		City/State and Zip Code		21 ARY) miles
	aljoa888@gmail.	COM to be used for future annual report notifi	cation) T	30,05	
For further information co	oncerning this matter, please ca	·	, CS	PM 1: 02	
Alberto Joa		₃₇ 646\591-93	349	··· />	
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing F Certificate of Certified Copy (additional copy)	Status & y	

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Company)	as it now appears on our records.)	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L12000109535</u>	ere filed on August 27, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Aljoa 1 Transportation LLC		
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1	5.5
(Principal office address MUST BE A STREET ADDRESS)		
_		D attenuate
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SE = 1
_		QF 2
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code

then registered regent senguature, it changing registered regent

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove

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ffective date, if other than the date of the state of the	late of filing:(optional)
ffective date, if other than the date effective date must be specific, cannot he date this document is filed by the Floroated April 15	t be prior to date of receipt or filed date and cannot be more than 90 days after
he date this document is filed by the Flot Pated April 15	Ida Department of State)  2014  Lacer To Joan
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