

L12000118530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

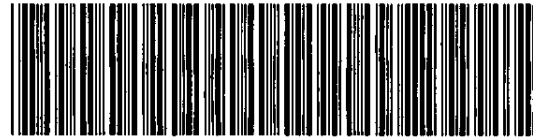
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N. Culligan NOV 12 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

BLUE Key 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:

DIANE Nobile, Esq

Name of Person

NOBILE LAW FIRM PA

Firm/Company

777 BRICKELL AVE #1114

Address

MIAMI FL 33131

City/State and Zip Code

DIANE@DNOBILELAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE Nobile

Name of Person

at 305-577-8911

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

FILED
2013 NOV -8 PM 3:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

BLUE KEY 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 9/17/2012 and assigned
Florida document number L12 000 118530.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

735 CRANDON BLVD

PH 4

Key BISCAYNE, FL. 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

777 BRICKELL AVE #1114

MIAMI, FL. 33131

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:

Nobile Law Firm P.A.

New Registered Office Address:

777 BRICKELL AVE #1114

Enter Florida street address

MIAMI

City

Florida

33131

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.

[Signature]
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:

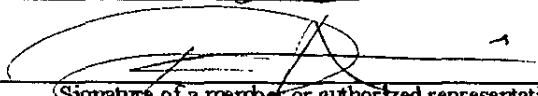
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR.	Felipe Aguilar	735 CRANDON BLVD.	<input checked="" type="checkbox"/> Add
		PH 4	<input type="checkbox"/> Remove
		Key BISCAYNE, FL. 33149	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated NOV 5, 2013.



Signature of a member or authorized representative of a member

DIANE NOBILE, ESQ

Typed or printed name of signee

Page 3 of 3

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA