L12000123836

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2015 OCT 16 PN 12: 58

OCT 19 2015 J. HARKIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 516 North Bay Blvd., LC 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:
Name of Person
VENTURE LEGAL SELVICES, PLIC
4615 W. Longfellow RUE.
City/State and Zip Code City/State and Zip Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (913) 841-7030 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} \te

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

516 North Bay Blyd. 1			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L\2000\23836</u> .	were filed on $\frac{9}{27}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
Blue Eyed Gr 1516 North BA The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	271 Sapphire lake Dr. #10 Bradenton, Fl 34209	ļ	
(Principal office address MUST BE A STREET ADDRESS)	Bradenton, Fl 34209		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
•			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ew	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	1e	

If Changing Registered Agent, Signature of New Registered Agent

PH 12:

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>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			_ □ Remove
			Change
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an effect lote: If ocumen	e date, if other than the date of filing:	d as t
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	r of:
ated _	October . 7015 .	
	Signature of a member of authorized representative of a member	
		Urang Pang
	Typed or printed name of signee	
	Typed or printed name of signee	β ¥
	Page 3 of 3	• •

Filing Fee: \$25.00