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## **COVER'LETTER**

Division of Corporations
SUBJECT: Blue Eyed Eyrl 902 North Shore Dr, 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:
Mculs Strothman Name of Person
Venture Legal Services, PLLC
4615 W. Longfellow Ave.
TAMUA, FL 33629 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 841-7030  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Blue Eyed Gr (Name of the Limited	Liability Company as it now appears on our records.)  Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	bility Company were filed on $\frac{9}{27}$ and assigned $\frac{3879}{}$
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the shore.  The new name must be distinguishable and end with the work.	
Enter new principal offices address, if applicat	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	ECRETAR LAHASS
(Mailing address MAY BE A POST OFFICE BO	O(X)
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	Venture legal Services, PUC
New Registered Office Address:	4615 W. Long Fellow Ave.  Enter Florida street address
	TAMPA, Florida 33629  Zip Code
New Registered Agent's Signature if changing De	gistored Agent

#### 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Aut	horized Member		
<u> Title</u>	Name	Address	Type of Action
MER	Blue Eyed Grl, UC	4211 W. SAM PEdro St	
		TAMPA, Fr. 33629	Remove
M-R	Ideal WAND	4211 W. SAn Pedro St.	Add
	Properties, LLC	TAMPA, FL 331029	
			Add  Add  Add  Reflore  ACLAHASSE
·			ASSEC FLORIDA Remove
· <del></del>			
			□ Remove  □ Add
			Remove

. If amendin	ng any other infor	nation, enter cha	1	ttach additional sh		-
						<b>-</b> -
(The effective	late, if other than the date must be specific, of document is filed by the	annot be prior to date	of receipt or filed dat	te and cannot be more	(optional) than 90 days after	_
Dated	10/2	,	2014			
		n 16	Typed of printed nam	representative of a mo	ember	
					SECRETA TALLAHAS	1 AON 7.1

Page 3 of 3

Filing Fee: \$25.00