L12000172646

(Re	equestor's Name)	
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July 28, 2014

Dear Sir or Madam,

I would like to add the Member for Blue North Investments LLC (Florida document number L12000132646).

The Member is:

Title: AMBR (Member)
Advanta IRA Administration FBO Longin Jurkovic IRA#1520969
2870 Peachtree Road # 287
Atlanta, GA 30305 US

Please contact me at 678-952-7340 ext 303 if you have any questions.

Best Regards

Longin Jurkovic

COVER LETTER

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

suвјест: <u>В</u>		INVESTMENTS ted Liability Company	5 LLC
	Amendment and fee(s) are submodence concerning this matter t	ū	
	Longin Ju	Name of Person	
	BLUE NORT	H INVESTMEN Firm/Company	TS LLC
	2870 Peach	tree Road, Suite	287
	Atlanta, C SUNBIZOII E-mail address: (1	City/State and Zip Code MPACT- TECH NOLO o be used for future annual report notifica	Gy. CoM
For further information of	concerning this matter, please ca	all:	
Longin	Turkovic	at (<u>678_)</u> <u>952</u> Area Code Daytime T	7340 ext. 303 Celephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIEI	R ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ability Company as it now appears on our records.)	
(AF	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 10/18/2012	and assigned
Torida document number <u> </u>	<u>646</u>	
This amendment is submitted to amend the following	g:	
a. If amending name, enter the new name of the	limited liability company here	
ne new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BO</u>	0	
•		
16		the name of the n
. It amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our records, enter address here	the name of the n
		, -
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
N. B. : . 100 A.H.		<u>.</u>
New Registered Office Address:	Enter Florida street address	1
	, Florida	_
-	City	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 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 = Manager

AMBR = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Advanta IRA Administration LL	C, FBO Longin Jurkovic IRA# 1520969	t Add
		2870 Peachtree Rd. #287	□ Remove
		Atlanta, GA 30305	
			□ Add
			□ Remove
•			□ Add
			□ Remove
•			_
			_□ Remove.
			<u>.</u> .
		1944-194	_ □ Remove
			🗖 Add
			_□ Remove

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date th	document is filed by the		State)	te and cannot be more	(optional) than 90 days after
date th	document is filed by the	Florida Department of	State)	te and cannot be more	(optional) than 90 days after
	document is filed by the	Florida Department of	'State) 2014 .	te and cannot be more	than 90 days after

Page 3 of 3

Filing Fee: \$25.00