

#L12000152136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

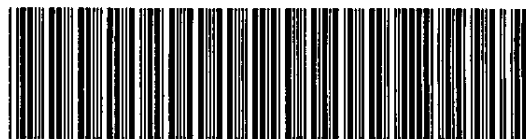
(Business Entity Name)

(Document Number)

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2014 FEB 19 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 20 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIGHT BLUE DREAMS 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:

DAIRIS ESTRADA

Name of Person

VARGAS, PIEDRA & CO

Firm/Company

9100 S DADELAND BLVD STE 912

Address

MIAMI, FL 33156

City/State and Zip Code

DAIRIS@VARGASPIEDRA.COM

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

For further information concerning this matter, please call:

DAIRIS ESTRADA

Name of Person

at **305 671-0003**

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**

LIGHT BLUE DREAMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 5, 2012 and assigned Florida document number L12000152136.

This amendment is submitted to amend the following:

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

N/A

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:

9100 S. DADELAND BLVD.

(Principal office address MUST BE A STREET ADDRESS)

STE 912

MIAMI, FLORIDA 33156

Enter new mailing address, if applicable:

9100 S. DADELAND BLVD.

(Mailing address MAY BE A POST OFFICE BOX)

STE 912

MIAMI, FLORIDA 33156

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: N/A

New Registered Office Address: _____

Enter Florida street address

_____, **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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------------|-------------------------------|--|
| <u>MGRM</u> | <u>ABANCENS, ALBERTO</u> | <u>2055 NE 121 RD</u> | <input type="checkbox"/> Add |
| | | <u>NORTH MIAMI, FL 33181</u> | <input checked="" type="checkbox"/> Remove |
| | | <u> </u> | |
| <u>MGRM</u> | <u>PORTA, MARIA FERNANDA L</u> | <u>2055 NE 121 RD</u> | <input type="checkbox"/> Add |
| | | <u>NORTH MIAMI, FL 33181</u> | <input checked="" type="checkbox"/> Remove |
| | | <u> </u> | |
| <u>MGRM</u> | <u>ABANCENS, ALBERTO</u> | <u>9100 S DADELAND BLVD.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>STE 912</u> | <input type="checkbox"/> Remove |
| | | <u>MIAMI, FLORIDA 33156</u> | |
| <u>MGRM</u> | <u>PORTA, MARIA FERNANDA L</u> | <u>9100 S. DADELAND BLVD.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>STE 912</u> | <input type="checkbox"/> Remove |
| | | <u>MIAMI, FLORIDA 33156</u> | |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add |
| | | <u> </u> | <input type="checkbox"/> Remove |
| | | <u> </u> | |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add |
| | | <u> </u> | <input type="checkbox"/> Remove |
| | | <u> </u> | |

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

N/A

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **FEBRUARY 13**, **2014**

Signature of a member or authorized representative of a member

AURELIO A PIEDRA/REGISTER AGENT

Typed or printed name of signee