Florida Department of State
Division of Corporations

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Account Number : I20090000078

: (561)515-2930

Phone

(201)212-3330

Pax Number

: (561)515-2939

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Brail Address: 500 Vani @wealthintelnational group, net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE STAR INVESTMENT, LLC

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JAN 1 7 2013 1/16/2013 J. BRYAN

COVER LETTER

TO:

Registration Section Division of Corporations

SHRIECT

Blue Star Investment, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Ligia B. Navani

Name of Person

Blue Star Investment, LLC

Firm/Company

301 WEST ATLANTIC AVENUE, UNIT 01-2ND FLOOR

Address

DELRAY BEACH FL 33444

City/State and Zip Code

snavani@wealthinternationalgroup.net

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

For further information concerning this matter, please call:

Ligia B. Navani

*,,,*561,543-7185

Name of Person

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 &
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☐\$60.00 Filing Fee,
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(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

4131000126013

Blue Star Investment, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company as it now at Plorida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited Li Florida document number L12000156446	ability Company were filed on	12/14/2012 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company	SECRE TALLA
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	mpany," the designation "Discrior the abbreviation
Enter new principal offices address, if applica	ıble:	mg a
(Principal office address MUST BE A STREE:	TADDRESS)	
Enter new mailing address, if applicable:		95 P
(Mailing address MAY BE A POST OFFICE)		
B. If amending the registered agent and/o registered agent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:	Gopal Navani	
New Registered Office Address:	301 WEST ATLANTIC	AVENUE UNIT 01-2ND FLOOR
	Enter Florida street address	
	Delray Beach	, Florida <u>33444</u>
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = Ma MGRM = N	nager Ianaging Member		
Title	<u>Name</u>	Address T	yne of Action
MGR	Lidia B. Navani	9879 ROBINS NEST ROAD	Add
		BOCA RATON FL 33496	Remove
MGR	Ligia B. Navani	301 WEST ATLANTIC AVENUE, UNIT 01-2ND FLOOR	Add
		Delray Beach, FL 33444	Remove
			Add
		SEC ALL.	Remove 2013
		HASSEE	Add
		F STATE FLDRIDA	Romer So.
			Add
			Remove
			Add
			Remove

·	
If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
	`
December 20	2012
* Ilgia 1	17 WAVani
	e of a member or authorized representative of a member
Ligia B, Návani	·
	Typed or printed name of signee

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Filing Fee: \$25.00

ZOI3 JAN 16 AM 10: 06
SECRETARY OF STATE
TALLAHASSEE OF STATE