

#L13000044108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUESTONE INSURANCE 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:

STORI UPRIGHT
Name of Person

BLUESTONE INSURANCE LLC
Firm/Company

49 N FEDERAL HWY #221
Address

POMFANO BEACH, FL 33062
City/State and Zip Code

STORI@BLUESTONEINSURANCE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STORI UPRIGHT at (561) 251-5954
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
13 AUG 15 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BLUESTONE INSURANCE LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/24/13 and assigned Florida document number L13000044108.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

49 N FEDERAL HWY #221
POMPAÑO BEACH FL 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

49 N FEDERAL HWY #221
POMPAÑO BEACH, FL 33062

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:

STORI UPRIGHT

New Registered Office Address:

49 N. FEDERAL HWY #221

Enter Florida street address

POMPAÑO BEACH

City

, Florida

33062

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

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:

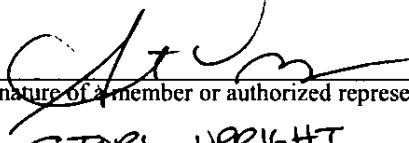
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ARTHUR BARTHOLOMEW IV	915 MIDDLE RIVER DR	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Remove
MGRM	DAVID BARTHOLOMEW	915 MIDDLE RIVER DR	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated AUGUST 12, 2013.



Signature of a member or authorized representative of a member

STORI UPRIGHT

Typed or printed name of signee

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Filing Fee: \$25.00