## 6/19/2CLS Jun. 19. 2015 2:49PM

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001516073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : I20050000052

: (850)656-7956

Fax Number : (850)656-7953

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

Emall	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BLUCORE LLC**

Certificate of Status 0 Certified Copy Page Count 03 Estimated Charge S25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2015 JUN 19 AM 8: 05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

·	BLUCORELLC	
(Name of the Limited Liabil	lity Company as it now appears on our record da Limited Liability Company)	S.)
The Articles of Organization for this Limited Liability ( Plorida document number 1.13000047378	Company were filed on 3/29/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name arust be distinguishable and contain the words "Lin	nited 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 ADD.	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records lress here:	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Morida street address	T .
•	Flo	orida
<del></del>	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name .	Address	Type of Action
MGR	Sofia Maria Lanza Barbieri	Luis Cavis 2741 APTO. 501	
		Montevideo, 11313 UY	Remove
			Change
MGR	Anderson Javite	ALEJANDRO CHUCHARO 1069 apto 10:	<u>2</u> ■ Add
		MONTEVIDEO, 11300 UY	□ Remove
			Change
			C Add
	,		_ Remove
	, ·		_C Change
		,	_D Add
			_D Remove
			_□ Change
			_CJ Add
			_D Remove
. •			_D Change
			_D Add
			_□ Remove
			_C Change

. .

D. If amending any other information, entar change(s) here: (Attach additional sheets, if necessary.)	
	<del></del>
	·
	····
	<del></del>
	<del></del> ,
	一三三
<del></del>	一點量:
	_ 氨 8
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date insected in this black does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	to 605.0207 (3)(b) a listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eb). The 90th day after the record is filed.	earlier of:
Dated JUNE 17 AZOLS	
Sprague of a richipper or suthorized representative of a member	
JUAN IGNACIO FRASCHINI SILVARREDONDA Typed or primied name of algnee	~~•

Page 3 of 3

Filing Fee: \$25.00