# L13000059795

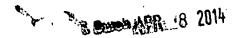
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# **COVER LETTER**

	istration Sectio ision of Corpor				
SUBJECT:	Bluel	Vator Busin Name of Limit	ess Prometed Liability Company	netions,	LLE
The enclosed	Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return	all corresponde	nce concerning this matter t	o the following:		
		KAREN	J P. NE	WELL	
			Business Firm/Company	_	
		1015 E.	SUNRIS	E BLU	2#40+
		FORT LAUD	City/State and Zip Cod	e)	3304
Email address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
KAR	Name of Per	NEW ELL	at ( <u>954</u> ) Area Code	248 Daytime Tele	phone Number
Enclosed is a	check for the fo	ollowing amount:			
<b>\$2</b> 5.00 Fi	iling Fee [	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$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

Bluellater Business	Promotions, 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 Florida document number <u>L 13000059795</u>	were filed on APRIL 24, 2013 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1015 E. SUNRISE BLUP. #404			
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	33304  ALLANGE PROPERTY OF THE			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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 = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
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Dat	ed March 31, 2014.	·		,	
	Haren P. News		alas P. S.	lan	-
	KAREN P. NEWS		icholas P. No	olan	
	Ty	ped or printed name of sign	ee	- •	

Page 3 of 3

Filing Fee: \$25.00