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(Ād	dress)			
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(Cit	ty/State/Zip/Phone	#)		
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2013 JUL 31 PM 12: 30 SECRETARY OF STATE

B. BOSTICK
AUG - 1 2013
EXAMINER

COVER LETTER

TO:

Registration Section **Division of Corporations**

BLUE PROPERTIES 1108 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:

RICHARD M. MOGERMAN, ESQ.

Name of Person

RICHARD M. MOGERMAN, P.A.

Firm/Company

8211 WEST BROWARD BOULEVARD, SUITE 200

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

MARKMOG@BELLSOUTH.NET

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

For further information concerning this matter, please call:

RICHARD M. MOGERMAN, ESQ. at (954) 475-7171

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 & 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

BLUE PROPERTIES 1108 LLC (Name of the Limited Liab) (A Flori	-	ıy as it now appears on ou iability Company)	r records.)
The Articles of Organization for this Limited Liabilit	ty Company	were filed on MAY 31,	2013 and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liabi	ility company here:	
N/A			
The new name must be distinguishable and end with the "L.L.C."	words "Limit	ted Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	:	N/A	2017 Si TAL
rincipal office address MUST BE A STREET ADDRESS)			LAHASA 3
			- So Σ ω Ξ =
Enter new mailing address, if applicable:		N/A	1 PH1
(Mailing address MAY BE A POST OFFICE BOX)			2: 30
Ivanie of New Registered Agent.	•	2:	
		Enter Flor	ida street address
			, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	Name	Address	Type of Action
MGR	GUILLERMO VILLARRAZO	304 INDIAN TRACE	_ Add
		#297	Remove
		WESTON, FLORIDA 33326	3
MGR	SCORPION INVESTMENTS CORP.	P.O. BOX 146	Add
		ROAD TOWN	Remove
		TORTOLA, BRITISH VIRGIN ISLANDS	3
			Add
			Remove
		TALLAHASSEE, FI ORIO	Remove
			Add
			Add Remove

. If ar	nending any other infor N/A	mation, enter change(s) here:	(Attach additional sheets, if neces	ssary.)
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			•	
ted	29th # 61	ري دم 2013		
				٠.
	j	Signature of a member or authoriz	ed representative of a member	
		VILLARRAZO		
	79-5 2494	Typed or printed r		

2013 JUL 31 PK 12: 30 SECRE JARY OF STATE TALLAHASSEE, FLORID!