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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Capital Blue Global Investments 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:

Bernardo D. Cardoso

Name of Person

Capital Blue Global Investments LLC.

Firm/Company

2199 Ponce De Leon Blvd Suite 200

Address

Coral Gables, FL 33134

City/State and Zip Code

CapitalBlueInvestments@Gmail.com

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

For further information concerning this matter, please call:

Bernardo D. Cardoso

₄₇941₁473-6019

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

Capital Blue Global Investments LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on June 04, 2013	and assigned
Florida document number L13000080909		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li" "L.L.C."	mited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		····
(Principal office address MUST BE A STREET ADDRESS)		. <u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
CONTROL CONTRO	, Florida _	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 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>T</u>	ype of Action
MGR	Blanca A.Vazquez	2199 Ponce De Leon Blvd suite 200 Coral Gables FL 33134	Add
			Remove
			-
			Add
			Remove
			- Add
			Remove
			_
		,	Add
			Remove
	<u></u>	- / tv ¹⁰	∐ Add
			Remove
			Add
			Remove

D. If amending any of	her information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated July 22,20	13
	July 22 201
	Signature of a number or authorized representative of a member
BERNA	ARDO D. CARDOSO
-	Typed or printed name of signee

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Filing Fee: \$25.00