

L13000120818

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : PARJDS & ASSOCIATES, P.A.
Account Number : I20110000055
Phone : (954)593-5310
Fax Number : (954)337-0568

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

Email Address: legal@parjds.com

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14 JAN 30 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE CHIP ASPHALT LLC

Certificate of Status	0
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Estimated Charge	\$25.00

TALLAHASSEE, FLORIDA

2014 JAN 30 AM 1:31

B BOSTICK

JAN 30 2014

EXAMINER

1/28/14, 7:18 PM

2/5

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE CHIP ASPHALT 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 08/27/2013 and assigned Florida document number L13000120818

This amendment is submitted to amend the following:

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

BLUE CHIP PARTS LLC

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:

1730 MAIN ST. SUITE 212

(Principal office address MUST BE A STREET ADDRESS)

WESTON FL 33326

Enter new mailing address, if applicable:

1730 MAIN ST. SUITE 212

(Mailing address MAY BE A POST OFFICE BOX)

WESTON FL 33326

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:

MARIA PARJUS

New Registered Office Address:

1730 MAIN ST. SUITE 212

Enter Florida street address

WESTON

Florida 33326

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

Page 1 of 3

*Changing address
for the RA*

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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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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PARJUS LAW & ASSOC PA

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **January 27, 2014** , _____



Signature of a member or authorized representative of a member

JOSE F. PARJUS

Typed or printed name of signee

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Filing Fee: \$25.00

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1/30/2014 11:54:08 AM PAGE 1/001 Fax Server



January 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUE CHIP ASPHALT LLC
2884 BIRKDALE
WESTON, FL 33332US

SUBJECT: BLUE CHIP ASPHALT LLC
REF: L13000120818

Thank!
Barbara

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : BLUE CHIP ENTERPRISES, INC., document number J17387.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H14000022361
Letter Number: 014A00002088

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