L13000128069

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ue #)
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T. HAMPTON

COVER LETTER

TO: Regist

Registration Section
Division of Corporations

SUBJECT:

MUTUAL BLUE HOLDINGS, 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:

FERNANDO RIBERA

Name of Person

MUTUAL BLUE HOLDINGS, LLC

Firm/Company

14160 PALMETTO FRONTAGE RD, SUITE 23

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

mutualblueholdings@gmail.com

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

For further information concerning this matter, please call:

FERNANDO RIBERA

786 262-8074

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

MUTUAL BLUE HOLDINGS, 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 Liab	and assigned		
Florida document number L13000128069			ZOI3 NOV SECRET TALLAHI
This amendment is submitted to amend the follow	ing:		IOV 21
A. If amending name, enter the new name of the			MARIE D
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	ed Liability Company," the d	esignation "LLS or the abbreviation
Enter new principal offices address, if applicable:		14160 PALMETTO	FRONTAGE ROAD
(Principal office address MUST BE A STREET ADDRESS)		SUITE 23	
		MIAMI LAKES, FL 33016	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	14160 PALMETTO SUITE 23	
		MIAMI LAKES, FL 3	3016
B. If amending the registered agent and/or registered agent and/or the new registered office	e address here	:	rds, enter the name of the new
Name of New Registered Agent:	ROBERTO MENA		
New Registered Office Address: 14160 PALMETTO FRONTAGE			ROAD, SUITE 23
Ties Translated Critical Translated	Enter Florida street address		
	MIAMI LAKI	ES .	, Florida <u>33016</u>
		City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGR	ROBERTO MENA	8899 NW 107 CT, STE 218	BAdd
		DORAL, FL 33178 US	Remove
MGR	FERNANDO RIBERA	14160 PALMETTO FRONTAGE RI	O ✓ Add
		SUITE 23	Remove
		MIAMI LAKES, FL 33016	_
		T S	Add
		ECRE IN S	2013 NOV 21
		EE, FLORIDA	Add
			 Add
			Remove
			Add
			Remove

NOVEMBER 18 , 2013 Significantly a member or authorized representative of a member FERNANDO RIBERA	if amending any	other information, enter	:hange(s) here: (A	Attach additional sheets, if nece	ssary.)
Sign trace of a member or authorized representative of a member	·	·			
Signature of a member or authorized representative of a member					
Sign trace of a member or authorized representative of a member					
Sign trace of a member or authorized representative of a member					
Sign trace of a member or authorized representative of a member			···		
					
Signature of a member or authorized representative of a member	NOVEM	BER 18	2012/		
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		Marke			
FERNANDO MBERA	EED		ember or authorized	l representative of a member	
Typed or printed name of signee	FER		Transit or asserted as	wa afaianaa	

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
ASSEE FLORIDA