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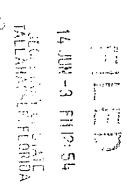
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COVER LETTER

то:	Registration Division of C	Section Corporations	. 4 5 4 − ⁴	4 , •
CUDIE	BLUI	E HORIZON INVE	STMENT PROPERT	TIES LLC
SUBJE	CI:	Name of Lin	nited Liability Company	
The end	losed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corres	spondence concerning this matter	to the following:	
		Cheyenne N	/loseley	
			Name of Person	
		Legalzoom.	com, Inc.	
			Firm/Company	
		100 W. Broa	adway Suite 100	
		**************************************	Address	
		Glendale, C	A 91219	
			City/State and Zip Code	
		s.j.williams85@h	IOTMAIL.COM (to be used for future annual report notif	lication)
For furt	her information	n concerning this matter, please c	•	,
Ime	elda Va	squez	at (323) 962-86	600 ext 7950
	Nam	e of Person	Area Code Daytime	e Telephone Number
Enclose	d is a check fo	r 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 HORIZON INVESTMENT PROPERTIES 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 Liabilit	y Company were filed on March 6,	2014	and	assigned	
Florida document number L14000037723	·				
This amendment is submitted to amend the following	; :				
A. If amending name, enter the new name of the l	limited liability company here:				
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation	"LLC" or th	e abbreviatio	n "L.L.C."	_
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·-
(Principal office address MUST BE A STREET AD	DRESS)				_
		<u>, </u>			_
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BOX)					_
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:		ords, ente	er the nam	ne of the	new
New Registered Office Address:				. 11	_
	Enter Florida street a	ddress , Florida		5 (Table	
	City	., - 101144 _	ı - Zip Ge	de	_
New Registered Agent's Signature, if changing Regist	ered Agent:		3. S) terearm	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my dutie d agent as provided for in Chapter 6 tered office address, I hereby confir	s, and I an 105, F.S. C	n familiar r, if this d	with and ocument is	
	If Changing Registered Agent, Signa	ture of New	Registered A	gent	

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Rg Lutz	509 Moonrise Drive	= Add
		Port Orange, FL 32127	□ Remove
MGR	Beverly V. Williams	509 Moonrise Drive	 ■ Add
		Port Orange, FL 32127	☐ Remove
MGR	Ralph Beebe	509 Moonrise Drive	■ Add
		Port Orange, FL 32127	Remove
MGR			 □ Add
			Remove
		5.7 	Ardd
		70: 13: 20: 20:	□ Remove
		I>	□ Add
			Remove

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effective date must be specific, cannot be prior to date of receipt or filed date and cannot be r	(optional) nore than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be redate this document is filed by the Florida Department of State)	(optional) nore than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be redate this document is filed by the Florida Department of State)	(optional) nore than 90 days after
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be redate this document is filed by the Florida Department of State) atted Signarding of a member or authorized representative of	nore than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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