# L/4000/10887

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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BLUE ROCK INVE	STMENT GRO	OUP, LLC	284 EL 21 A 8
			Art of Inc. File
Signature			Fictitious Search  Fictitious Owner Search  Vehicle Search
Requested by: SETH	07/21/14 Date	Time	Driving Record  UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval
Walk-In	Will Pick Up	<del></del>	Courier

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

# BLUE ROCK INVESTMENT GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L14000110887</u> .	n 07/14/2014 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compar	ny here:		
The new name must be distinguishable and end with the words "Limited Liability Company,			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
	<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 office address registered agent and/or the new registered office address here:	s on our records, enter the name of the nev		
Name of New Registered Agent:			
New Registered Office Address:	er Florida street address		
Ente	Enter rioriaa street aaaress		
City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	Lip Coue		

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

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>Address</u> Type of Action **Title** <u>Name</u> 159 HAWTHORNE AVE C Add **LUISA TAVARES AMBR** #5F Remove JONKERS, NY 10705 159 HAWTHORNE AVE **LUISA TAVERAS** AMBR #5F ☐ Remove JONKERS, NY 10705 ☐ Remove □ Remove □ Add

	amending any other inf	ormation, enter change(	s) here: (Attach addition	mal sheets, if necessary.)
			Jy 14 2014	
,,,,	ne entective date mast or specif	in the date of filing: Ju ic, cannot be prior to date of rec y the Florida Department of Sta	scipt of thea date and emiliot i	(optional) be more than 90 days after
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D	<sub>lated</sub> July 21,	, 20	<u> 14</u>	
D	July 21,		or authorized representative	

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