L14000159053

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AND ANASSES FLORIDA

JAN 2 3 2015

T. BROWN

COVER LETTER *

TO: Registration Section **Division of Corporations**

SUBJECT:

BluStone Pictures, 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:

	Jhonson Simeon		
		Name of Person	
	BluStone Pictures, L	LC	
		Firm/Company	
	P.O. BOX 348776		
		Address	
	CORAL GABLES, F	L 33234	
		City/State and Zip Code	
	jhonson.simeon@blu	stonep.com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Jhonson Simeon		305 491-0219	
Name of	f Person		Telephone Number
Enclosed is a check for th	ne 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

15 My PH 2:45 (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 10/13/2014 Florida document number L14000159053 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 16530 SW 137th Avenue Apt 1114 Enter new principal offices address, if applicable: Miami, FL 33177 (Principal office address MUST BE A STREET ADDRESS) P.O. BOX 348776 Enter new mailing address, if applicable: CORAL GABLES, FL 33234 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida

New Registered Agent's Signature, if changing Registered Agent:

BluStone Pictures, LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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>:

	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Georgette Seagrace	9249 Nelson Park Circle Apt 201	□ Add
		Orlando, FL 32817	Remove
MGR	Rashi Seagrace	9249 Nelson Park Circle Apt 201	🗆 Add
		Orlando, FL 32817	Remove
MGR	Wesley Simeon	9249 Nelson Park Circle Apt 201	□ Add
		Orlando, FL 32817	■ Remove
			□ Add
			☐ Remove
			□ Remove
			□ Remove

i amending any other informatio	n, enter change(s) nere: (Allach t	aaiiionai sneeis, ij necessary.)
·		
		18.188
Effective date, if other than the da	ate of filing:	(optional)
Effective date, if other than the da (The effective date must be specific, cannot the date this document is filed by the Floric	pe prior to date of receipt or filed date and cola Department of State)	cannot be more than 90 days after
Dated January 05	2015	
	enature of a member or authorized represe	entative of a member
Jhorson Simeon		
	Typed or printed name of sign	

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Filing Fee: \$25.00