

L14000185359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

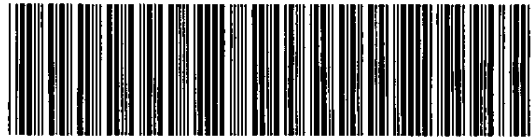
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400267309744

L14-185359 ✓

12/11/14--01007--004 \*\*30.00

Amend/NC eus

FILED  
14 DEC 11 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 17 2014

N. CAUSSEAU

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Planet solutions 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:

Nakia Geller  
Name of Person  
Blue Planet solutions LLC <sup>Innovations</sup>  
Firm/Company  
13 west End Ln  
Address  
Sebastian FL 32956  
City/State and Zip Code  
NakiaIsrael@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nakia Geller at ( 954 ) 793-0299  
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)    <sup>N.B.</sup> ☒ \$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

INNOVATIONS  
Blue Planet SOLUTIONS LLC

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

FILED  
14 DEC 11 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/4/14  
Florida document number L14000185359

This amendment is submitted to amend the following:

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

Blue Planet Earth, 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:

(Principal office address MUST BE A STREET ADDRESS)

13 west End Ln

Sebastian FL 32958

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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Naki'a Geller

New Registered Office Address:

13 west End Ln

Enter Florida street address

Sebastian

Florida

FL 32958

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

In 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>
<u>P</u>	<u>Nakia Geller</u>	<u>13 West End Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Sebastian Fl. 32958</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
14 DEC 1 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

---

---

---

---

---

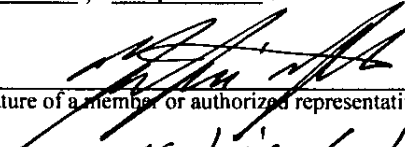
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 12/7, 2014.

Signature of a member or authorized representative of a member

Typed or printed name of signee

  
Nakia Geller

FILED  
14 DEC 11 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA