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07/28/16--01011--005 **25.00

Amend



AUG -1 2016 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bluenet 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:
Shelby Nousam Name of Person
Bluenet Holdings LLC
Firm/Company
8680 Via Giula Address
Boca Raton, FL 33496
City/Blate and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shelby Nausain at (662) 312-1946 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ C

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

	O1		79	
Bluenet H			ecords)	JIII 28
(A F	lorida Limited Lia	as it now appears on our r bility Company)	ecorus.)	一篇 中 司
The Articles of Organization for this Limited Liabil	ity Company w	ere filed on $\frac{1/\lambda}{}$	5	and assigned
Florida document number <u>L 15 00000926</u>	·			20 W
This amendment is submitted to amend the following	ng: All add	resses		V
A. If amending name, enter the new name of the	limited liabili	ty company here:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designation	"LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable	:	8680 Via Boca Raton	Giula	at
(Principal office address MUST BE A STREET A	DDRESS)	Doca Katon	1 FL 554	16
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	8680 Via G Boca Raton	iula ,FL 334	96
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our re	cords, <u>enter the</u>	name of the new
Name of New Registered Agent:				
New Registered Office Address:	8680 Via	Enter Florida street	-11	
· _	8680 Via Boca Ral		_, Florida <u>33</u>	496
		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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action □ Add _□ Remove ☐ Change _□ Add ☐ Remove Change

Change

Add PROTATER

CORNER

CORNER _ Add _□ Remove _□ Change □ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00