

LS00020571

(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



300268689653

RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CONCORDANCE

15 FEB -6 PM 1:56

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED

15 FEB -6 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 09 2015

S. YOUNG

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 493189 8033404

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : February 6, 2015

ORDER TIME : 1:13 PM

ORDER NO. : 493189-005

CUSTOMER NO: 8033404

DOMESTIC AMENDMENT FILING

NAME: BLUE ONXY 639 33 STREET LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
15 FEB - 6 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Onxy 639 33 Street 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:

Steve Rosenthal

Name of Person

Steve Rosenthal Law PA

Firm/Company

One Southeast Third Avenue, Suite 2900

Address

Miami, FL 33131

City/State and Zip Code

Steve@steverosenthallaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Rosenthal

at ( 786 ) 378-8121

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)

☐ \$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

FILED  
15 FEB - 6 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Page 1 of 3

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 15 FEB - 6 AM 11:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

---

---

---

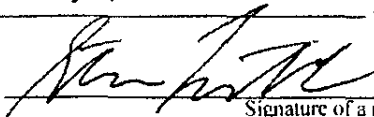
---

---

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 February 5, 2015



Signature of a member or authorized representative of a member

Steven Rosenthal

Typed or printed name of signee

FILED  
15 FEB - 6 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA