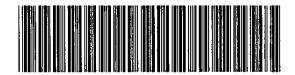
115000027519

(Rec	questor's Name)	
(Ado	lress)	
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(City	//State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
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D. SCOTT JAN 2 6 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2016

RUBEN ALCOBA, ESQ. 3399 NW 72 AVE STE 211 MIAMI, FL 33122

SUBJECT: BLUEWIRE PRO L.L.C. Ref. Number: L15000027519

LI JAN 23 PM 3: 57

We have received your document for BLUEWIRE PRO L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 316A00026146



COVER LETTER

TO:

TO: Registration : Division of Co	Section orporations		
	IRE PRO LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
	RUBEN ALCOBA, ESQ.		
		Name of Person	
	ALCOBA LAW GROUP F	PA	
		Firm/Company	
	3399 NW 72 AVENUE, ST	TE 211	
	· - · ·	Address	
	MIAMI, FLORIDA 33122		
		City/State and Zip Code	
	ALCOBA@MIAMIPATEN	ITS.COM o be used for future annual report notific	ation)
For further information	concerning this matter, please ca	·	
RUBEN ALCOBA		305 362-8118	
Name	e of Person		Felephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUEWIRE PRO LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number L15000027519	bility Company were filed on 02/13/2015 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
BLEUWIRE LLC	
The new name must be distinguishable and contain the word	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ble:
Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u> </u>
R If amonding the registered agent and/or	r registered office address on our records, enter the name of the r
registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
	 		Add
			Remove
			Change T
			FEE Add.p.
			Remove
			□ Change

and the state of t	mation, enter change(s) here: (Attach additional sheets, if necessary.)
	•
 	
	
	
	
Note: If the date inserted in this	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) s block does not meet the applicable statutory filing requirements, this date will not be listed as the e Department of State's records.
the record specifies a delay) The 90th day after the r	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
Dated December 1	record is filed.
	Signature of a member or authorized representative of a member
MGRM	Roberto Cepero Typed or printed name of stenee

Page 3 of 3

Filing Fee: \$25.00