U5000027634

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(City/State/Zip/Phone #)	<u>.</u> .			
PICK-UP WAIT	MAIL			
(Business Entity Name)	····			
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DEPARTMENT OF STATE

15 FEB 27 PH 3: 10

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COVER LETTER

Division of Cor	porations		
	BEL REALTY LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy
	TITLE P STEVEN	RESTREPO	
		Name of Person	**************************************
	BLUE LABEL GRO	UP INC.	
		Firm/Company	
	7545 E TREASURE	DR	
		Address	766 5
	NORTH BAY VILLA	GE, FL 33141	器 四二
	S.REALIZED@GMA	City/State and Zip Code	
	_	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please o	all:	5 日 5
STEVEN RESTRE	PO	305 707-7069	
Name of	Person		e Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

MAILING ADDRESS:

Registration Section

TO:

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

BLUE LABEL REALT	
(Name of the Limited Liability Company as it no (A Storida Limited Liability C	aw appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number L15000027634	nd on 02/16/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and end with the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	2 F
Mailing address MAY BE A POST OFFICE BOX)	ini.
3. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enicr	Florida street address

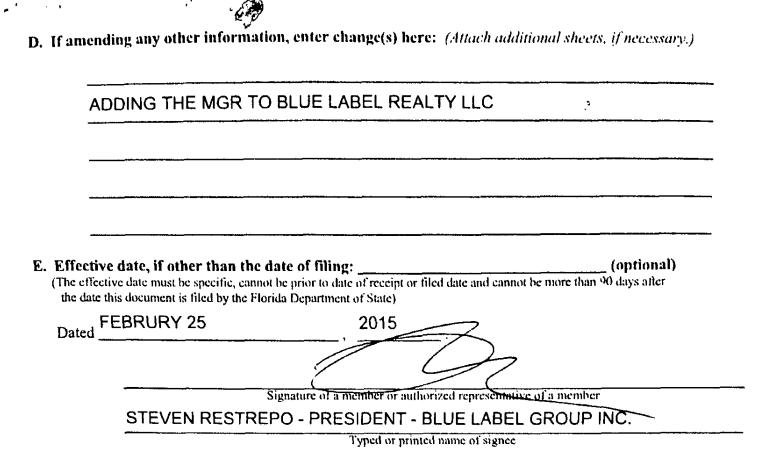
New Registered Agent's Signature, if changing Registered Agent:

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 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

Title	<u>Name</u>	Address	Type of Action
·			Add
			Remove
MGR STEVEN RESTREPO	7545 E TREASURE DR		
		NORTH BAY VILLAGE, FL 33141	Remove
			☐ Remove
			5 -
			೨□ Remove
			☐ Remove
			Add
			□ Remove



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Filing Fee: \$25.00