

L15000032022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 FEB 24 P 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Blue Starline 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:

Mikhail Davlov

Name of Person

1745 East Hollandale Beach Blvd
apt 1105 WEST Hollandale Beach 33009 FL

Firm/Company

Address

City/State and Zip Code

mihail4ik1986@gmail.com

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

For further information concerning this matter, please call:

Mikhail

at 850 687-0702

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

TO
ARTICLES OF ORGANIZATION
OF

Blue Starline LLC

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

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TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/17/2015 and assigned
Florida document number L 15000032022

This amendment is submitted to amend the following:

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

Blue Star Line LLC

The new name must be distinguishable and contain 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)

1745 East Hallandale Beach
Blvd. apt 1105 WEST
Hallandale Beach 33009 FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1745 East Hallandale Beach
Blvd. apt 1105 WEST
Hallandale Beach 33009 FL

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: _____

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

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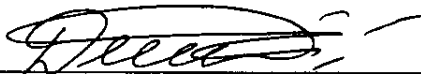
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 02/22/16, _____.



Signature of a member or authorized representative of a member

DANILOV VICTOR

Typed or printed name of signer

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TALLAHASSEE, FLORIDA