

LIS000 100070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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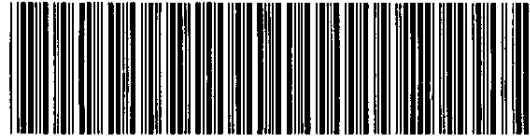
(Business Entity Name)

(Document Number)

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JUL 23 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE GROUP INVESTMENTS 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:

PAMELA ORDONEZ

Name of Person

TRIBEK CONSULTING LLC

Firm/Company

40 SW 13 ST SUITE 703

Address

MIAMI, FL 33130

City/State and Zip Code

JCANON@BROKERSTITLES.COM

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

For further information concerning this matter, please call:

PAMELA ORDONEZ

305 2979222

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE GROUP INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/08/2015 and assigned
Florida document number L15000100070.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FUENTES, MARIA I	40 SW 13 ST SUITE 703	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	FAJARDO, JORGE E	40 SW 13 ST SUITE 703	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	BLAVAGAT INVESTMENT S.A.	CALLE AQUILINO DE LA GUAI	<input checked="" type="checkbox"/> Add
		EDIFICIO IGRA, 5TO PISO	<input type="checkbox"/> Remove
		CIUDAD DE PANAMA, REPUBL	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 JUL 22 P 12:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal black lines across its entire width. The lines are thin and uniform, providing a guide for writing. There are no margins, headers, footers, or other markings present on the page.

(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)

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.

ed July 15, 2011
Paula Williams
 Signature of a member of a

PAMELA ORDONEZ

FILED
2015 JUL 22 P 12:10
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA