15000100070

| (Requestor's Name) | | | | |
|---|-------------------------------|------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| BLUE GROU | JP INVESTMENTS LLC | | | | | |
|-----------------------------------|---|--|--|--|--|--|
| Name of Limited Liability Company | | | | | | |
| | • | | | | | |
| The enclosed Articles of A | mendment and fee(s) are submitted for filing. | | | | | |
| Please return all correspond | dence concerning this matter to the following: | | | | | |
| | PAMELA ORDONEZ | | | | | |
| | Name of Person | | | | | |
| | TRIBEK CONSULTING LLC | | | | | |
| | Firm/Company | | | | | |
| | 40 SW 13TH ST SUITE 703 | | | | | |
| | Address | | | | | |
| | MIAMI, FL 33130 | | | | | |
| | City/State and Zip Code | | | | | |
| | ADMIN2@ENVIROTEKBUILDING:COM | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| For further information con | ncerning this matter, please call: | | | | | |
| PAMELA ORDONEZ | 786 2336931 at () | | | | | |
| Name of I | | | | | | |
| Enclosed is a check for the | following amount: | | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | | | |

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2015

PAMELA ORDONEZ TRIBEK CONSULTING LLC 40 SW 13TH ST SUITE 703 MIAMI, FL 33130

SUBJECT: BLUE GROUP INVESTMENTS LLC

Ref. Number: L15000100070

We have received your document for BLUE GROUP INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00025360



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our rec ited Liability Company) | cords.) | |
|---|--|--|--|
| The Articles of Organization for this Limited Liability Company were filed on 06/08/2015 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 I | Liability Company," the designation " | | |
| Enter new principal offices address, if applicable: | | 70 70 67 | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | 7. CC ********************************** | |
| | | | |
| Enter new mailing address, if applicable: | | 5% 5 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Con Con | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: | | ords, <u>enter the name of the</u> | |
| Name of New Registered Figure. | | | |
| New Registered Office Address: | Enter Florida street ad | dress | |
| | | | |
| | | , Florida | |

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> | Address | Type of Action |
|--------------|-------------------------|---------------------------|----------------|
| MGR | FUENTES, MARIA I | 40 SW 13TH ST SUITE 703 | Add |
| | | MIAMI, FL 33130 | ■ Remove |
| | | | Change |
| AMBR | BLAVAGAT INVESTMENT S.A | CALLE AQUILINO DE LA GUAI | Add |
| | | EDIFICIO IGRA 5TO PISO | □ Remove |
| | | CIUDAD DE PANAMA RE UN | ■ Change |
| | | | □ Add |
| | | ☐ Remove | |
| | | □ Change | |
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| | | | Add |
| | A | □ Remove | |
| | | | ☐ Change |

| D. If amending any other information, enter change(s) here: (Attach add | ditional sheets, if necessary.) |
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| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records. | (optional) or more than 90 days after filing.) Pursuant to 605.0207 (3) filing requirements, this date will not be listed as the |
| f the record specifies a delayed effective date, but not an effective) The 90th day after the record is filed. | 2015 |
| Dated | DE C C C C C C C C C C C C C C C C C C C |
| Flui Ru Mun Dt. Signature of a member or authorized represents | in a second |
| FELIPE MUNOZ | ative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00