## US 000119667

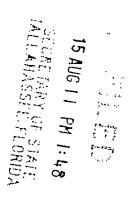
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AUG 12 2015 J SHIVERS

## **COVER LETTER**

Div	ision of Corpo	orations	•	
SUBJECT:	BLUENATIO	ON, LLC		
DO DO 17		Name of Limit	ted Liability Company	<del></del>
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		Francisco Rivero-Chiong		
			Name of Person	
		Bluenation, LLc		
			Firm/Company	
		14629 SW 104 St. 212		
			Address	
		Miami Fl 33186		
			City/State and Zip Code	
		Friverochiong@hotmail.com		
		E-mail address: (to	o be used for future annual report not	ification)
For further in	nformation con	ncerning this matter, please ca	11:	
Francisco Ri	ivero-Chiong		305 834 8292 at ( )	
-	Name of F	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	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** 

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

Bluenation, LLC		
(Name of the Lim	ited Liability Company as it now appears on ou (A Florida Limited Liability Company)	ir records.)
	, , , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited 1	Liability Company were filed on July 13, 2	and assigned
lorida document number L15000119607		
his amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable	
anter new principal offices address, if appli		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE	<u> </u>	
3. If amending the registered agent and	d/or registered office address on our	records, enter the name of the r
egistered agent and/or the new registered	office address here:	
		67
Name of New Registered Agent:		*** A
	14620 SW 104 ST 212	37. 5
New Registered Office Address:	14629 SW 104 ST, 212  Enter Florida stre	ont address
	Miami	, Florida 2331 86
	City	Zip Code

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

Title	Name	Address	Type of Action
AR	Francisco Rivero-Chiong	14629 SW 104 ST, Miami Fl 33186	
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
	·		□ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change

Please Change Address o	of MGR Francisco	Rivero-Chio	ng to:					
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Filing Fee: \$25.00