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PICK-U	P
	(Business Entity Name)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instruction	s to Filing Officer:
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AUG 1 6 2016

S. YOUNG

TALLAHASSEE, FLORIO

, COVER LETTER

TO: Registration Section ' Division of Corporations
SUBJECT: Bloe Caption, 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:
Lourdes Negrera Name of Person Blue Capton, LLC Firm/Company
7310 SW 148C+ Address FINALL FL 33193
City/State and Zip Code LNearen Guardo Cod E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laxdes Negret at (786) 2003161 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Righting of Countries STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Line (A F	iability Company as it	now appears on our re	cords.)		
The Articles of Organization for this Limited Liability Florida document number	ity Company were f	_1 \	176	and assign	ed
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liability co	ompany here:			
The new name must be distinguishable and contain the words	"Limited Liability Con	npany," the designation "	LLC" or the a	bbreviation_L.L.C	PEG S
Enter new principal offices address, if applicable	::			<u>E</u> _	岩
(Principal office address MUST BE A STREET A	DDRESS)			-	-22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ΣΩ			64 t: 14	- 100 c c c c c c c c c c c c c c c c c c
B. If amending the registered agent and/or registered agent and/or the new registered office	~	ddress on our rec	ords, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Lourdes	Degren	7		
New Registered Office Address:	1310 SW	N48c+ Enter Florida street ad	ldress		
	MisMI		, Florida	33193 Zip Code	
New Registered Agent's Signature, if changing Regis	stered 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.

SAME
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager ' AMBR = Authorized Member Address **Type of Action** Title Name 1370 SW148Ct Add _□ Change [] Remov ☐ Ghange □ Change _EL Add _□ Remove __ Change □ Remove _□ Change _□ Add

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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Filing Fee: \$25.00