

L 16000203750

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6383

Account Name : VILA, PADRON & DIAZ, P.A.  
Account Number : I20170000101  
Phone : (305)461-4888  
Fax Number : (305)444-3097

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BLUE VISTA RE ASSETS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$25.00 |

SEP 01 2021

A. LUNT



August 30, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLUE VISTA RE ASSETS LLC  
200 S. BISCAYNE BLVD.  
4310  
MIAMI, FL 33131US

SUBJECT: BLUE VISTA RE ASSETS LLC  
REF: L16000203750

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

To remove a member/manager, please complete the correct LLC Amendment Form Resignation or Dissociation of Member or Manager

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.

Stacy Prather  
Regulatory Specialist III

FAX Aud. #: H21000322322  
Letter Number: 321A00020918

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLUE VISTA RE ASSETS 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:

OSCAR J. VILA  
Name of Person

VILA, PADRON & DIAZ, P.A.  
Firm/Company

201 ALHAMBRA CIRCLE, SUITE 702  
Address

CORAL GABLES, FL 33134  
City/State and Zip Code

aregalado@vpdlaw.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Angie Palacio at 305 461-4888  
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 Address:**  
 Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE VISTA RE ASSETS 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 11/04/2016 and assigned Florida document number L16000203750.

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

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**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          | Oscar J. Vila             | 201 ALHAMBRA CIRCLE, SUITE 702  | <input checked="" type="checkbox"/> Add    |
|              |                           | CORAL GABLES, FL 33134          | <input type="checkbox"/> Remove            |
|              |                           |                                 | <input type="checkbox"/> Change            |
| MGR          | Miguelangel Balcedo Nanes | 701 BRICKELL AVENUE, SUITE 2000 | <input type="checkbox"/> Add               |
|              |                           | MIAMI, FL 33131                 | <input checked="" type="checkbox"/> Remove |
|              |                           |                                 | <input type="checkbox"/> Change            |
| AMBR         | Smart Energy Group Inc.   | 701 BRICKELL AVENUE, SUITE 2000 | <input type="checkbox"/> Add               |
|              |                           | MIAMI, FL 33131                 | <input checked="" type="checkbox"/> Remove |
|              |                           |                                 | <input type="checkbox"/> Change            |
|              |                           |                                 | <input type="checkbox"/> Add               |
|              |                           |                                 | <input type="checkbox"/> Remove            |
|              |                           |                                 | <input type="checkbox"/> Change            |
|              |                           |                                 | <input type="checkbox"/> Add               |
|              |                           |                                 | <input type="checkbox"/> Remove            |
|              |                           |                                 | <input type="checkbox"/> Change            |
|              |                           |                                 | <input type="checkbox"/> Add               |
|              |                           |                                 | <input type="checkbox"/> Remove            |
|              |                           |                                 | <input type="checkbox"/> Change            |

