

**L20 000 382617**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

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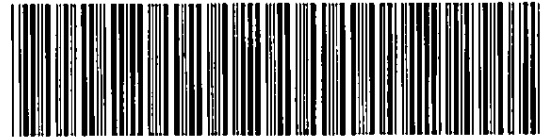
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*L20/000/382617*

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLUE VIEW 4 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:

MARK BEIDLEMAN

\_\_\_\_\_  
Name of Person

KATAHDIN CONSULTING LLC

\_\_\_\_\_  
Firm/Company

3615 S LAKE DRIVE

\_\_\_\_\_  
Address

BOYNTON BEACH FL 33435

\_\_\_\_\_  
City/State and Zip Code

BEIDLEMAN77@GMAIL.COM

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

For further information concerning this matter, please call:

MARK BEIDLEMAN

207 415-7450  
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 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 VIEW 4 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 DECEMBER 7, 2020 and assigned Florida document number L20000382617.

This amendment is submitted to amend the following:

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

KATAHDIN CONSULTING LLC

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:

3615 S LAKE DRIVE

**(Principal office address MUST BE A STREET ADDRESS)**

BOYNTON BEACH FL 33435

Enter new mailing address, if applicable:

3615 S LAKE DRIVE

**(Mailing address MAY BE A POST OFFICE BOX)**

BOYNTON BEACH FL 33435

**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:

MARK BEIDLEMAN

New Registered Office Address:

3615 S LAKE DRIVE

*Enter Florida street address*

BOYNTON BEACH

Florida 33435

*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	MARK BEIDLEMAN	3615 S LAKE DRIVE	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH FL 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VANESSA MUSTO	3615 S LAKE DRIVE	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH FL 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN W BOYER	3300 PGA BLVD SUITE 625	<input type="checkbox"/> Add
		PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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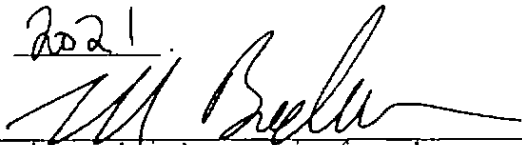
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 4/12, 2021.



Signature of a member or authorized representative of a member

MARK BEIDLEMAN

Typed or printed name of signee