Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000214358 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

From: 3055309409

Fax Number : (850)617-6383

From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010 : (305)530-9400 Fax Number : (305)530-9409

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

Email Address:	jimhammel99@gmail.com	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE WATER HOLDINGS-POMPANO, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

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Corporate Filing Menu

Help

S. ROBERTS

To: 8506176383

TO:

From: 3055309409

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# (((H23000214358 3))) COVER LETTER

TO: Registration Division of C	Section orporations		
SUBJECT:	BLUE WATER	HOLDINGS-POMPANO, LLC	
	Nàme of Li	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	JAN S. NEIMAN, ESQ.		
		Name of Person	<u> </u>
	NËIMAN & INTERIAN,	PLLC	
		Firm/Company	<del></del>
	2020 PONCE DE LEON	BOÜLEVARD, SUITE 1005B	
		Address	
	CORAL GABLES, FLOR	UDA 33134	
	inercy@niflslaw.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report notif	[cation]
For further information	concerning this matter, please of	eall:	
Jan'S, Neiman		·305 530-9400	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25:00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee: Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addre	<u>\$\$:</u>	Street Address:	

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

To: 8506176383

From: 3055309409

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SS SS

(((H23000214358 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

BLÚÉ WA	ATER HOLDINGS-POMPANO, LLC	يسية المستحدد
(Name of the Limited L.	iability Company as It now annears on our records.) lorida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabil	lity Company were filed on03/25/2004	and assigned
Florida document number L04000023160	e Tan Torres and Asia	- • •
This amendment is submitted to amend the following	nġ:	9.  
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 th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	<del>,</del> 55
(Principal office address MUST BE A STREET A)	DDRESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new malling address, if applicable:		<del>,</del>
(Mailing address MAY BE A POST OFFICE BOX	0	22
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered öffice address on our records, <u>enter the na re</u> :	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	. Florida	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	∠ip ∟oae

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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From: 3055309409

### 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
MGR	JOHN HÄMMEL	13470 SW 67 AVENUE	
-		MIAMI, FLORIDA 33156	
<del></del>			
			□Remove
			□ Change
			DAdd
			□Remove
			☐ Change
		<del> </del>	□Remové
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			□Remove
			Change
<del></del>			🗆 Add
			□ Remove
			⊡ Change

From: 3055309409

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12	e date, if other than the date of filing:  tive 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 60 file date inscrited in this block does not meet the applicable statutory filing requirements, this date will not be list of fective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
cord : : filed	i.
cord : filed	JUNE 14 2023