Electronic Filing Cover Sheet

From: 3055309409

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.

(((H23000214336 3)))



H230002143363ABCY

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

Fax Number

: (850)617-6383

From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010 : (305)530-9400 Phone 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: jimhamme199@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE WATER HOLDINGS-TAMPA, LLC \Z≅

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

Ċ

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS JUN 15 2023

To: 8506176383 ·

From: 3055309409

6/14/2023 2:49:03 PM p. 3 of 6

(((H23000214336 3)))

COVER LETTER

TO: Registration Division of Co	Section orporations		
SUBJECT:	BLUE WATER	HÓLDÍNGS-TAMPA, LLC	
J0001.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sui	binitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	JAN S. NEIMAN, ESQ.		
		Name of Person	
	NEIMAN & INTERIAN.	PLLC	
		Firm/Company	
	2020 PONCE DE LEON I	BOULEVARD, SUITE 1005B	
		Address	
	CORAL GABLES, FLOR	IDA 33134	
		City/State and Zip Code	
	mercy@niflalaw.com		
		to be used for future annual report notif	ication)
For further information,	concerning this matter, please o	all:	
Jan S. Neiman		305 530-9400 at ()	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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

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 ARTICLES OF ORGANIZATION **OF**

From: 3055309409

BLÜE WATER HOLDINGS-TAMPA, 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	and assigned
This amendment is submitted to amend the following:	9
A. If amending name, enter the new name of the limited liability company here:	202
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above the above the second of the secon	المارة
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	22
Enter new mailing address, if applicable:	ω
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the namagent and/or the new registered office address here:	e of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
	Zio Code
New Registered Agent's Signature, If changing Registered Agent:	Zip Code
I hereby accept the appointment as registered agent and agree to act in this capacity. I further age provisions of all statutes relative to the proper and complete performance of my duties, and I am facept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address. I hereby confirm that the lin company has been notified in writing of this change.	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

To: 8506176383

From: 3055309409

6/14/2023 2:49:03 PM p. 5 of 6

□ Chán¢é

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	<u>Name</u>	Address	Type of Action
MGR	JOHN HAMMEL	13470 SW 67 AVENUE	■Add
		MIAMI, FLORIDA 33156	□Remove
			Change
<u> </u>			DAdd
			. □Remove
			Change
		□Add	□Add
			□Remove
			□ Change
			DAdd
			□Remoÿę
			Change
			□Add
			⊡Remove
			□ Change
		DAdd	
			П Кепюче

(((H23000214336 3)))

			<u> </u>	 	
_,					
				 	
·				·- · · · · · · · · · · · · · · · · · ·	
					
 			<u>,</u>		
					
- · · · · · · · · · · · · · · · · · · ·					
<u></u>				<u>.</u>	
	· · · · · · · · · · · · · · · · · · ·		············		-
			 		
					
~~~ ; ~~~~,√,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 		- , - , - , - , - , - , - , - , - , - ,	
		······································			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Tective date, if other than effective date is listed, the	ian the date of fi	iling:		(option	nai)
<u>ote:</u> It the date inserted i	n this block does n	ot meet the appli	cable statutory filir	g requirements, this -	ling.) Pursuant to 605,0207 date will-not be listed as
ocument's effective date of	on the Department	of State's records	i.		
record specifies a delayed is filed.	effective date, but	not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
JUNE 14		2023 /			
	/1,/	7',	 '		
_		LIST T	_		

Typed or printed name of signer