

L05000025409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

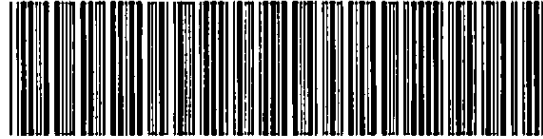
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600387876146

07/06/21--01034--009 **52.50

FILED

2022 APR -7 PM 3:41

OFFICE OF THE
TALLAHASSEE, FL

Amend

JUN 03 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Ocala 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:

Brian R Young
Name of Person

Blue Ocala LLC
Firm/Company

794 Washburn Rd.
Address

Melbourne, Florida 32934
City/State and Zip Code

debcatyb@hotmail.com
E-mail address (to be used for future annual report notification)

RECEIVED
DIVISION OF CORPORATIONS
FL

2022 APR - 7 PM 3:41

FILED

For further information concerning this matter, please call:

Brian R Young at (321) 288-7736
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)
- credit @
Fl. Dept of State

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR -7 AM 8:00

SECRET
TALLAHASSEE, FL

July 28, 2021

BRIAN R. YOUNG
794 WASHBURN RD.
MELBOURNE, FL 32934

SUBJECT: BLUE OCALA, LLC
Ref. Number: L05000025409

We have received your document for BLUE OCALA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTHERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 521A00017669

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Blue Ocala, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 APR -1 PM 3:41
CLERK OF
HALL COUNTY
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3-10-2005 and assigned
Florida document number L05000025409

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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

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>
<u>Mgr</u>	<u>David Lowman</u>	<u>794 Washburn Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Melbourne, Fl 32934</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Mgr</u>	<u>Roger Baxter</u>	<u>3595 Hammock Trail</u>	<input checked="" type="checkbox"/> Add
		<u>Melbourne, Fl 32934</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

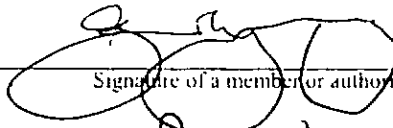
E. Effective date, if other than the date of filing: _____ (optional)

(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 April 5th, 2022



Signature of a member or authorized representative of a member

Brian R. Young

Typed or printed name of signee

Filing Fee: \$25.00