# 6000037011

(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



000163420810

12/10/09--01040--008 \*\*25.00

2009 DEC 10 AM 11: 01
SECRETARY OF STATE

M. THOMAS

DEC 11 2009

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Blue, Water Garbers 12.C.  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:					
Maricel A. Derez Name of Person					
Firm/Company					
1681 S.W. 67 AVE					
Address  Miami, F. 33155  City/State and Zip Code  Maricel Derez & bellsouth. net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
marice Derez & bellsouth. net Fig. 3					
For further information concerning this matter, please call:					
Maricelor Jose Parez at (305) 216-9676./305-216-9675  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)					

### MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	er Gardens LLC.		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability		and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC"	or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AD	DDRESS)	<del></del>	
Enter new mailing address, if applicable:	ALL P	T. I	
(Mailing address MAY BE A POST OFFICE BOX)	) PSE	0 1	
	THE		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the address here:	name of the new	
Name of New Registered Agent:	·		
New Registered Office Address:	Estan Florida atmost a J.J.		
	Enter Florida street address		
	, Florida	Lip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Wilkie Perez	1681 5.W. 67 AUR MIAMI, R. 33155	Add Remove
<u>HGRM</u>	Maricel A. Derez	1681 5W. 67 AUR MIGMI, FE. 33NJ	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
<del></del>			Add Remove
			Remove T
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	Remove
Dated	7th, December, 20	209	ortes-t-refundament
	<del>-</del>	er or authorized representative of a member Pereとし d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00