L07000045007

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAI	IL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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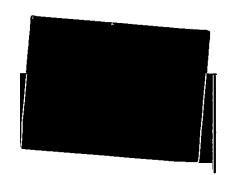
DEPARTMENT OF STATE
DIVISION OF COMPUNATIONS
TALLAMASSEE, FLORIDA

19 JUN -8 PH 1:5

B. KOHR
JUN - 8 2009

EXAMINER





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bluewater Pods LLC	Art of Inc. File
	Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark
	Merger File
-	Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search
Signature Requested by: Share III	Fictitious Search
Name Date Time	UCC 11 Search UCC 11 Retrieval

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUNT OF THE STATE OF THE SOUNT OF THE SOUNT

BLUEWATER POOLS LLC

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

V	2 101 1000 25111111000 2		,	The second second	
The Articles of Organization for this Limited L		were filed on	APRIL 26, 2007	and assigned	
Florida document numberL07000045	5007				
•					
This amendment is submitted to amend the following	owing:			•	
A. If amending name, enter the new name of	(the limited liab	ility company h	ere:		
The new name must be distinguishable and end with	h the words "I imi	ited Lightlity Com	nany" the designation "I	I C" or the abbreviation	
"L.L.C."	in the words Eline	ned clapmy com	pany, the designation L	De of the above viadon	
Enter new principal offices address, if applicable:		2305 RIVER HAMMOCK LANE			
(Principal office address MUST BE A STREET ADDRESS)		FORT PIERCE, FL 34981			
		•			
Enter new mailing address, if applicable:		PO BOX 12	669		
(Mailing address MAY BE A POST OFFICE BOX)		FORT PIERCE, FL 34979			
					
B. If amending the registered agent and/	•		our records, enter the	ie name of the new	
registered agent and/or the new registered of	lice address her	<u>.c</u> :			
	DON DAYN	1010			
Name of New Registered Agent:	RON RAYMOND				
New Registered Office Address:	2305 RIVER HAMMOCK LANE				
		Enter Florida street address			
	FO	RT PIERCE	, Florida	34981	
		City		Zip Code	
No. Delianed Association (Calcardos)	Indiatored Amore				

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, thereby 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>	<u>N</u> ame	Address	Type of Action
MGRM	JAMES J. KELLY	189 TUMBLIN KLING ROAD FORT PIERCE, FL 34982-6837	Add Z Remove
MGRM	MARGERY M. KELLY	189 TUMBLIN KLING ROAD FORT PIERCE, FL 34982-6837	Add Remove
MGRM	BRYANT J. KELLY	189 TUMBLIN KLING ROAD FORT PIERCE, FL 34982-6837	Add Remove
MGR_	RON RAYMOND	2305 RIVER HAMMOCK LANE FORT PIERCE, EL 34981	Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
			- -
			- -
Dated		2	
•	Signature of a mem	ber or authorized representative of a member	
	ж	RON RAYMOND	
	՛՛՚ֈ	ped or printed name of signee	

Page 2 of 2

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