

07000071766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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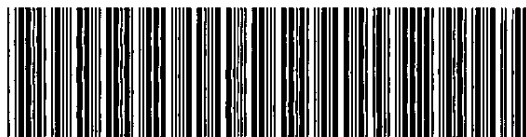
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OCT - 7 2008

EXAMINER



800136600168

10/06/08--01013--013 \*\*55.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT - 6 PM 3: 06



**Simonics, Simonics, Ratnecht & Associates, Inc.**

**Certified Public Accountants**

**8750 Perimeter Park Boulevard Jacksonville, FL 32216-6347**

**Phone: 904-928-1040 Fax: 904-928-0939**

[www.simonics.net](http://www.simonics.net)

September 23, 2008

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

Subject: Ken Greene Contractor, LLC (Florida document #L07000070766)

To Whom It May Concern:

Please find enclosed an original and one copy of the Articles of Amendment for the subject corporation. Also enclosed is check payable to the Department of State in the amount of \$55 to cover the filing fee and Certified Copy.

Please forward the filed documents to the undersigned at the above stated address. If you have any questions, please feel free to contact our office.

Thank you for your kind assistance in this matter.

Respectfully,

Sandra Mousa  
Executive Assistant  
Nicholas T. Simonics, CPA, MACC

Enclosures.

Member of AICPA and FICPA  
Partners

Nicholas T. Simonics • Sean M. Simonics • Joanne F. Ratnecht • Herman A. Vidal

*To comply with the requirements imposed by the IRS, we advise that any discussion of Federal tax issues contained in this communication was not intended or written to be used, and cannot be used by you, (i) to avoid any penalties imposed under the Internal Revenue Code or (ii) to promote, market or recommend to another party any transaction or matter addressed herein.*

## COVER LETTER

TO: Registration Section  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -6 PM 3: 06

SUBJECT: Ken Greene Contractor, 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:

Nicholas T. Simonic

(Name of Person)

Simonic, Simonic, Ratnecht & Associates, Inc.

(Firm/Company)

8750 Perimeter Park Blvd.

(Address)

Jacksonville, FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Mousa

(Name of Person)

at ( 904 ) 928-1040

(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)

### 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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT -6 PM 3:06

Ken Greene Contractor, 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 7-10-07 and assigned  
Florida document number L07000071766.

This amendment is submitted to amend the following:

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

Blue Harbor Homes, LLC  
The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

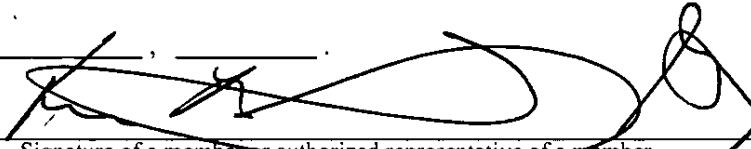
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Ken Greene

Typed or printed name of signee