

L070000 77924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☒ WAIT

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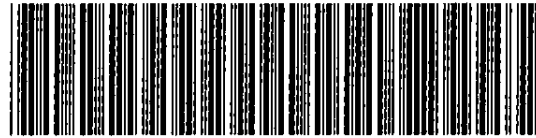
(Business Entity Name)

(Document Number)

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08 MAR 25 AM 9:18

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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08 MAR 25 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Aunt  
3/25/08

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bluewater Shutters & Blinds, L.L.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:

CRAIG ROSS  
(Name of Person)

Bluewater Shutters & Blinds, L.L.C.  
(Firm/Company)

5139 Velda Dairy Rd  
(Address)

Tallahassee, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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)

**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

FILED  
08 MAR 25 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Blinds by Craig, L.L.C.

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on July 30, 07 and assigned document number L07000077924

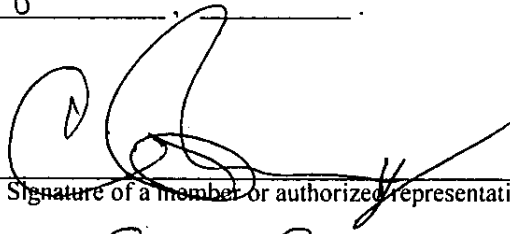
**SECOND:** This amendment is submitted to amend the following:

Change name to Bluewater  
Shutters and Blinds, L.L.C.

**FILED**  
08 MAR 25 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

03/25/08

  
Signature of a member or authorized representative of a member

Craig Ross

Typed or printed name of signee

**Filing Fee: \$25.00**