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G. MCLEOD

MAY 26 2009

**EXAMINER** 



500156275375

05/22/09--01024--007 \*\*30.00

## **COVER LETTER**

TO: Registration Se Division of Cor			
suвјест: <u>В1</u>	vewater Fiti Name of Limit	ness 4 Spa LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joe Mo	CDORMAN Name of Person	
	McDor	MAN Holdings La	<u> </u>
	4565 Cox	MMERCIAI DE Address	<del></del>
	- Nice ville	E FL 32578 City/State and Zip Code	
	Joesk @ M E-mail address: (I	O be used for future annual report notificat	iction.com
For further information c	oncerning this matter, please c	all:	
Michael 19	ACDORMAN f Person	at ( <u>850)</u> 897 - 439 Area Code & Daytime T	43 elephone Number
Enclosed is a check for the	ne 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

Bluewater Fitness & SDA 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 <u>December 23, 2009</u> and assigned Florida document number <u>L08 000 116 58 3</u>.

This amendment is submitted to amend the following:

The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the a	breviatio
Enter new principal offices address, if applicable:		<u>D</u>
(Principal office address MUST BE A STREET ADDRE	<u>m</u>	JSE/
	AY	324
	22	一员员工
Enter new mailing address, if applicable:	P	
(Mailing address MAY BE A POST OFFICE BOX)	?	L
	08	
		E.
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses		f the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	

## 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.

City

Zip Code

'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 **Address** <u>Title</u> <u>Name</u> **Type of Action** Michael W McDorman MGRM 4565 Commercial DR NICEVILLE, FI 32578 Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_ 2009 Signature of a member or authorized representative of a member

Page 2 of 2

DARREN MCDORMAN
Typed or printed name of signee

Filing Fee: \$25.00