608000/16583

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name) L08 - 1/6583 (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT JUL 1 7 2009
EXAMINER

Office Use Only



100155737431

05/11/09--01007--020 **60.00

2009 JUL 16 PM 12: 58
SECRETARY OF STATE



May 13, 2009

JOE MCDORMAN 4565 COMMERCIAL DRIVE #101 NICEVILLE, FL 32578

SUBJECT: BLUEWATER FITNESS & SPA LLC

Ref. Number: L08000116583

We have received your document for BLUEWATER FITNESS & SPA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 309A00016342

COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJE	· CCT:	Bluewater	Fitness & Spa LLC				
		Name of Lin	nited Liability Company				
The end	closed Articles of A	mendment and fee(s) are su	ıbmitted for filing.				
Please	return all correspon	dence concerning this matte	er to the following:				
			Joe McDorman				
Name of Person							
Bluewater Fitness & Spa LLC							
	Firm/Company				-		
4591 Highway 20 East, #101					ث ب		
			Address		SE	2009	
		Niceville, FL 32578					
			City/State and Zip Code				r
	joesr@mcdorman-construction.com E-mail address: (to be used for future annual report notification))	E P	R	
For fur	ther information co	ncerning this matter, please	•	cation)	OF STATE	2009 JUL 16 PM12: 58	
		McDorman	at (897-4343			
	Name of	Person	Area Code & Daytim	e Telephone Numb	er		
Enclose	ed is a check for the	e following amount:					
\$25	(additional copy is enclosed) Certifie			ate of St	atus &	osed)	

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

Blu	uewater Fitne	ess & Spa LLC		
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited	iny as it now appears on o Liability Company)	ur records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited I	Liability Company	were filed on <u>Decem</u>	nber 23, 2008	and assigned
Florida document number L0800011	6583			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," th	e designation "L	LC" or the abbreviatio
Enter new principal offices address, if appli	4591 Highway 20 I	East, #101		
(Principal office address MUST BE A STRE	ET ADDRESS)		AL	2009 SEC
		Niceville, FL 32578	A H	CRE T
Enter new mailing address, if applicable:	4591 Highway 20 E	East, #10th	3 M	
(Mailing address MAY BE A POST OFFICE	Niceville, FL 32578	LORIDA	25 D	
B. If amending the registered agent and registered agent and/or the new registered o			cords, <u>enter tl</u>	ne name of the nev
Name of New Registered Agent:	Michael W I	McDorman		
New Registered Office Address:	4591 Highw	yay 20 East, #201		
		Enter Flo	rida street addr	ess
		Niceville	_, Florida	32578
		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:

	Manager = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	McDorman Holdings LLC	4565 Commercial Drive, #101	Add Z Remove			
		Niceville, FL 32578				
	Lisa D McDorman	4591 Highway 20 East, #101	✓ Add ☐ Remove			
		Niceville, FL 32578				
			Add Remove			
			Add			
			Remove			
			AKETAS TANG			
•			Remove			
			STATE CANADA			
D. If an	•	ange(s) here: (Attach additional sheets, if neces	sary.)			
	& Spa LLC	nger associated with Bluewater Fitness				
	Ţ	per of Bluewater Fitness & Spa LLC				
Dated	July 14	while W. Medun				
Signature of a member or authorized representative of a member Michael W McDorman						
	Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00