## L09000056764

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TALLAHASSEE, FLORIDA

MAR 1 3 2013 J. BRYAN

## **COVER LETTER**

TO:

Registration Section 'Division of Corporations

SUBJECT

Brightwater Blue Resort, 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:



Name of Person

George G. Pappas, P.A.

Firm/Company

1822 N. Belcher Rd., Ste. 200

Address

Clearwater, FL 33765

City/State and Zip Code

george@pappaspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George G Pappas

 $\frac{727}{447-4999}$ 

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)

FILED PH 3: 33

**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**

· · · · · · · · · · · · · · · · · · ·	LES OF AMENDMENT TO ES OF ORGANIZATION OF	ur records.)
Brightwater Blue Resort, LLC		
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on o da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L09000056764		and selfgned
This amondment is submitted to amond the following		
This amendment is submitted to amend the following	j.	
A. If amending name, enter the new name of the l	imited liability company here:	
Brightwater Blue Residences, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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 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 **Title** <u>Address</u> <u>Name</u> Type of Action Remove Remove Remove Remove

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if no	ecessary.)
Dated March 11		
Signature	of a promber or authorized representative of a member	
George G. Pappas	1 /	THE SECRET
	Typed or printed name of signee	TOP A
	Page 3 of 3	でる。
	Filing Fee: \$25.00	SEE, FLY
		RICE