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(Address)
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COVER LETTER

TO:

Registration Section
Division of Corporations

· Surifct:

BLUE WATER VENTURES OF PALM BEACH 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:

Steve L Racey

Name of Person

BLUE WATER VENTURES OF PALM BEACH LLC

Firm/Company

521 Northlake Blvd., Suite #5

Address

North Palm Beach, FL 33408

City/State and Zip Code

steve@bluewaterventuresgc.com

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

For further information concerning this matter, please call:

Steve L Racey

_{at} 561 855-2363

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

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

BLUE WATER VENTURES GENERAL CONTRACTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A FI	orida Limited Liability Company)	<u>orus.</u>)
The Articles of Organization for this Limited Liab Florida document number <u>L10000056419</u>	ility Company were filed on 05/24/2010	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		2
		36
Enter new mailing address, if applicable:		T P P
(Mailing address MAY BE A POST OFFICE BO)X)	MA V P
municum districts in the second of the secon		E ITI
	 	95 60
B. If amending the registered agent and/or registered agent and/or the new registered office		144P1 g
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	
	Enter Florida's	treet aaaress
		orida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Name</u> <u>Address</u> **Type of Action Title** David Kellman MGRM 7900 SOUTHLAKE DRIVE WEST PALM BEACH, FL 33406 Add Remove Remove Add Remove Remove Remove

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David Kellman /	ember or authorized representative of	a member 13
	Page 3 of 3	
	Filing Fee: \$25.00	2019 OCH
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