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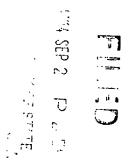
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B. BOSTICK

OCT - 1 2014

EXAMINER

COVER LETTER

TO: Registration Section 'Division of Corporations

Bluewater Land Investments, 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:

	Linda Klimei	ka Galloway		
		Name of Person		
		Firm/Company		
	19429 Gulfs	tream Drive		
		Address	- <u>1</u>	
	Tequesta, F	L 33469		
		City/State and Zip Code	پر سینیسین سید چری	- 11, 2
	klimeika@earthlii	nk.net	· · · · · · · · · · · · · · · · · · ·	
	E-mail address: (to be used for future annual report no	tification)	- 25
For further information of	concerning this matter, please ca	all:	i o	, ii
Linda Klime	eika Galloway	_{at} 561, 714-1	1021	<u></u>
Name o	of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fec, Certificate of Status &	

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is euclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUEWATER LAND INVESTMENTS, LLC, a Florida limited liability company

(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 Liab Florida document number L10000086848	bility Company w	vere filed on 08/18/2010	a	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ty company here:		
The new name must be distinguishable and end with the we	ords "Limited Liabili	ty Company," the designation "I	LC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applical	ble:		• , ,	···
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:			3 11	
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>		्रां	
B. If amending the registered agent and/o registered agent and/or the new registered offi			ds, <u>enter the r</u>	name of the new
Name of New Registered Agent:	Linda Klimei	ka Galloway		
New Registered Office Address:	19429 Gulfs			
	- .	Enter Florida street addi		
	Tequesta		Florida <u>33469</u> Zip	o Code
New Registered Agent's Signature, if changing Re	gistered Agent:		•	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this can	and complete prered agent as pregistered office a hange.	erformance of my duties, ovided for in Chapter 603	and I am famili 5, F.S. Or, if thi that the limited 6	iar with and is document is liability

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 'Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action 19429 Gulfstream **AMBR** Linda Klimeika Galloway 📕 Add Tequesta, FL 33469 □ Remove Rockcastle, LLC 1201 Orange Street #600 **MGRM** Wilmington, DE 19899 Remove □ Add ☐ Remove _□ Remove ☐ Remove

amending any other information, enter change(s) here: (Attack	ch additional sheets, if necessary.)
	,
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
Dated <u>September 7, 2014</u> .	
LindaXlineila	
Signature of a member or authorized repr	resentative of a member
Linda Klimeika Galloway	

Page 3 of 3

Filing Fee: \$25.00