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J. BRYAN

MAR 15 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: TURN IT Blue Sport Fishing, LLC  Name of Limited Liability Company  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:
Christy Renet Sanderson Name of Person
TURN IT Blue Sportfishing LLCZON THE FIRM/Company  REMOVED DRIVE
283 CATAVELLE DRIVE
Address  Supiter Flori DA 33458  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christy Sanderson at (561) 222-8483  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Status \$55.00 Filing Fee & Settificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Settificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  STREET/COURIER ADDRESS:  Perietration Section  Perietration Section

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TURN I + BluE C	Sporttishing LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on obstrecords.) ability Company)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 100000 10 8600</u>	were filed on 10 18 240 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
Mn.	ن کی ا		
The new name must be distinguishable and end with the words "Limited" L.L.C."	ed Liability Company," the designation "LLC" or the appreviation		
Enter new principal offices address, if applicable:	283 CARAVELLE Drive		
(Principal office address MUST BE A STREET ADDRESS)	Jupiter, Florida 33458		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NIA		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:			
Name of New Registered Agent:	A		
New Registered Office Address:			
	Enter Florida 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 the provisions of all statutes relative to the proper and complet			

If Changing Registered Agent, Signature of New Registered Agent

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>Title</u>	<u>Name</u>	Address	Type of Action	
WGRN	( Er. K Sanderson)	283 CARAVELLE DRIVE Supiter, Florida 33458	Add Remove	
			Add Remove	
			Remove T	
			Remove Remove	
<del></del>			Add Remove	
D. If amo	ending any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_	
-			<u> </u>	
-	Mario Oth 20		<del></del>	
Dated	Kusty Janol	USEN er or authorized representative of a member		
Christy Sanderson Typed or printed name of signee  Page 2 of 2				

Page 2 of 2

Filing Fee: \$25.00