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SECRETARY OF STATE

J. BRYAN

JUN 21 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT:	Blue Water B	Boat Rentals, L.L.C.		
	<u> </u>				
The end	losed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please r	eturn all corresp	ondence concerning this matter	to the following:		ai.
		FILED PH 2: 25 N JUN 20 PH 2: 25 SECRETARY OF STATE FALL ARASSEE. FLORATE			
	· · · · · · · · · · · · · · · · · · ·	超20 厂			
		Harriso	on Rivard & Duncan, Chtd. Firm/Company		THE PLEASE OF THE PROPERTY OF
			55.		
	AND NO.				
			Address		***
			City/State and Zip Code		
		E-mail address: (ster@harrisonrivard.com to be used for future annual report notific	ation)	
For furt	her information	concerning this matter, please of	call:		
	Cath	erine S. Hester	at (850) 7	69-7714	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclose	d is a check for t	the following amount:			
▼ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status MAILING ADDRESS: Registration Section		—	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
			STREET/COURIE Registration 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

Blue Water	er Boat Rentals, L.L	C.			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear	ars on our records.)			
(A Fiorida	i Elitited Elitority Company)				
The Articles of Organization for this Limited Liability	Company were filed on	March 8, 2011 And assigned	·		
Florida document numberL11000028279			**		
		基立 27 「			
mir i di tanta da curi		SSE	ור		
This amendment is submitted to amend the following:		Fig. 3	C		
A. If amending name, enter the new name of the lin	nited liability company he	ere:			
· · · · · · · · · · · · · · · · · · ·		March 8, 2011 Psand assigned LARY OF STATE STEE:			
The new name must be distinguishable and end with the w	ords "Limited Lighility Com-	<u> </u>	_		
"L.L.C."	ords Ellinted Elability Comp	daily, the designation LLC of the aborevial	ion		
Enter new principal offices address, if applicable:			-		
<u>(Principal office address MUST BE A STREET ADD</u>	ORESS)		-		
	· · · · · · · · · · · · · · · · · · ·		_		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			-		
(Maning Mantess MAT BE AT OUT OF THEE BOX)			-		
	 		-		
D. If any discrete also well as a second control of the second	-4				
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter the name of the n	<u>ew</u>		
registered agent and/or the new registered office ad	aress nere.				
Name of New Registered Agent:	·		-		
New Registered Office Address:					
	E	nter 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 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Robert Harrison McElheney	132 Harrison Avenue, Panama City, FL. 32401	_☑ Add Remove
			Add Remove
			Add Remove -
			Add Remove -
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	FIL 11 JUN 21 SECRETAL
			FILED TO JUN 20 PM 2: 25 SECRETARY OF STATE
Dated	une le 201		<u>.</u>
-	Signature of a member of	r authorized representative of a member	
_		erine S. Hester	

Page 2 of 2

Filing Fee: \$25.00