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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:		ation Sec n of Corp	ction porations				•
SUBJE	CT.		BLUE HERON PO	NTOON R	ENTALS "L	LC"	
SCIAL				ted Liability Cor			
The en	closed Ar	ticles of A	Amendment and fee(s) are sub	omitted for filing.			
Please	return all	correspor	ndence concerning this matter	to the following	:		
				WENDY B I			····
				Name of re	ISOH		
	BLUE HERON PONTOON RENTALS "LLC" Firm/Company						
	Firm/Company						
	P.O.BOX 818						
Address							
				DESTIN,FL	32540		
				City/State and Z	ip Code	·	
			E-mail address: ()	bkrieg@bells to be used for future	outh.net	ification)	
For fur	ther infor	mation co	oncerning this matter, please c		•	,	
		W	endy Krieg	at (_ 8 5	0 \	837-6	351
	***	Name of	 		Area Code & Dayti	me Telepho	one Number
Enclos	ed is a ch	eck for th	e following amount:				
\$25	5.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fil Certified (addition			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314		STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	ion orations Center Circ	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now app	oears on our records.	<u></u>		
(A Florida I	imited Liability Compar	y)			
The Articles of Organization for this Limited Liability Co	ompany were filed on _	November 14,2011	_ and assigned		
Florida document numberL11000129418	<u>_</u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company	<u>here</u> :			
BLUR HERON	WATERSPORTS	"LLC"			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Co	mpany," the designation "LLC	or the abbreviati		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)				
		5	9.0		
		<u></u> -			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		350	m ω []		
					
		T	S IS U		
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address of ress here:	on our records, enter the	Ename of the ne		
Name of New Registered Agent:					
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 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 **Title** <u>Name</u> Address **Type of Action MGRM** TIMOTHY W KRIEG ∐ Add P.O. BOX 818 √ Remove DESTIN FL 32540 ☐ Add Remove Add Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or author

Wendy B. Krist ed representative of a member

Page 2 of 2

Filing Fee: \$25.00