

L12000004966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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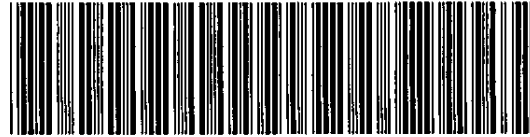
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 03 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLUE LIGHTHOUSE PROPERTIES, 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:

**Ms. Diana K. Harrison**

Name of Person

**Blue Lighthouse Properties, LLC**

Firm/Company

**1825 Robin Ridge Dr.**

Address

**Norman, OK 73072**

City/State and Zip Code

**HappyInFlorida1234@yahoo.com**

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

For further information concerning this matter, please call:

**Ms. Diana Harrison**

Name of Person

at ( 405 )

**329-2804**

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 LIGHTHOUSE PROPERTIES, LLC**

(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 Liability Company were filed on January 10, 2012 and assigned Florida document number L12000004966.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1701 Narrow Creek Cove

Niceville, FL 32578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1825 Robin Ridge Dr.

Norman, OK 73072

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12 JUN 29 AM 11:08  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Diana K. Harrison

New Registered Office Address:

1701 Narrow Creek Cove

*Enter Florida street address*

Niceville

*City*

Florida

32578

*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.*

Diana K. Harrison  
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>	<u>Address</u>	<u>Type of Action</u>
MGR MGR	Diana K. Harrison	304 Patricia Lane Fort Walton Beach, FL 32547	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR MGR	Diana K. Harrison	1701 Narrow Creek Cove Niceville, FL 32578	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 JUN 29 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated June 26, 2012

Diana K. Harrison  
Signature of a member or authorized representative of a member  
Diana K. Harrison  
Typed or printed name of signer