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COVER LETTER

TO:	Registration Se Division of Cor				
;.		Diversi	-4 0 110		
SUBJ	ECT:		ater Cay, LLC ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all correspo	ondence concerning this matter	r to the following:		
			James Lawhun		
			Name of Person		
Firm/Company					
3451 Te			Technological Ave. Ste	. 11	
			Address		
		Orlando, FL 32817			
		l*	City/State and Zip Code		
		E-mail address: (Lawhun@hotmail.com to be used for future annual repor	t notificatio	on)
For fu	rther information c	concerning this matter, please of	call:		
	Jar	mes Lawhun	at (407)	27	7-3700
	Name o	f Person		aytime Tel	ephone Number
Enclos	sed is a check for th	ne following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	losed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/CO	OURIER .	ADDRESS:

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

(Name of the Limited (A	Bluewater Liability Compa Florida Limited L	Cay, LLC ny as it now appears on ou liability Company)	r records.)		
The Articles of Organization for this Limited Lia Florida document number L12000093		were filed on07/	19/2012	and assig	ned
This amendment is submitted to amend the follo A. If amending name, enter the new name of	<u> </u>	oility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the	designation '	'LLC" or the abb	oreviation
Enter new principal offices address, if applicable:		3451 Technological	Ave. Ste.	11	
(Principal office address MUST BE A STREET	(ADDRESS)	Orlando, FL 32817		Por 7	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/oregistered agent and/oregistered agent and/oregistered agent and/oregistered agent and/oregistered agent and/oregistered office.	r registered of			AUG 29 PM 2:59 of CRETARY OF STATE name the name	the new
Name of New Registered Agent: New Registered Office Address:	James Law	ological Ave. Ste. 11			
	Enter Florida street address				
•		Orlando	_, Florida	32817	
		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

Page 1 of 2

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>	<u>Address</u>	Type of Action
MGR	James Lawhun	3451 Technological Ave. Ste. 11 Orlando, FL 32817	✓ Add Remove
MGR_	Tom Morgan	20 NORTH ORANGE AVE. #1600 Orlando, FL 32801	☐ Add ☑ Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
_			
-			_
Dated	August 28th	2012	
	Signature of §	Typed or printed name of signee	
	ν	Page 2 of 2	

Page 2 of 2

Filing Fee: \$25.00