

L12000157626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **BLUE OCEAN CONTRACTORS, 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:

**JAMES DAVIS**

Name of Person

**UNITED CRS**

Firm/Company

**327 HOLLOW CREEK LN**

Address

**HAVANA, FL 32333**

City/State and Zip Code

**CC@UNITEDCRS.COM**

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

For further information concerning this matter, please call:

**JAMES DAVIS**

Name of Person

at ( **850** ) **322-7117**

Area Code & Daytime Telephone Number

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 OCEAN CONTRACTORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

12 DEC 21 PM 4: 12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/18/2012 and assigned  
Florida document number L12000157626.

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)

7513 75TH WAY

WEST PALM BEACH, FL 33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7513 75TH WAY

WEST PALM BEACH, FL 33407

**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:

AMNON A TAHOR

New Registered Office Address:

7513 75TH WAY

*Enter Florida street address*

WEST PALM BEACH

, Florida 33407

*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.*

  
At 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	GRAY, DWIGHT	3890 CABBAGE PALM WAY	<input type="checkbox"/> Add
		LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Remove
MGR	TAHOR, AMNON	7513 75TH WAY	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH	<input type="checkbox"/> Remove
		FL, 33407	
			<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.)*

**ADD FEIN NUMBER - 46-1578722**

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Dated **DECEMBER 20**, **2012**.



Signature of a member or authorized representative of a member

**AMNON A. TAHOR**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**