

L13000016327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

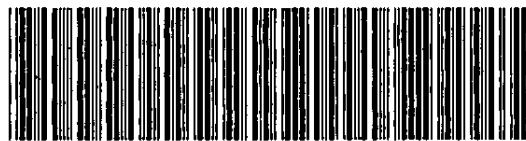
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
13 MAY 24 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 28 2013

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MAY 28 2013

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2013

LISA-MARIA N. YEARWOOD  
BLUE BASIN, LLC  
2266 BURNWAY ROAD  
HAINES CITY, FL 33844

SUBJECT: BLUE BASIN, LLC  
Ref. Number: L13000016327

FILED  
13 MAY 24 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BLUE BASIN, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the Articles of Organization, the Registered Agent is listed as being UNITED STATES CORPORATION AGENTS, INC.

The Managing Member is listed as LISA M. YEARWOOD.

Did you mean to just correct the name of the Managing Member? If so that should be stated.

Do you want to change the Registered Agent? If so, you need to list the name and address of the new agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 213A00011793

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Blue Basin 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:

**Lisa-Maria N. Yearwood**

Name of Person

**Blue Basin LLC**

Firm/Company

**2266 Burnway rd.**

Address

**Haines City, FL 33844**

City/State and Zip Code

**Diadem9@verizon.net**

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

For further information concerning this matter, please call:

**Lisa-Maria N. Yearwood**

Name of Person

**863 421-9642**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**FILED**  
13 MAY 24 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(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 \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_

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)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX)

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

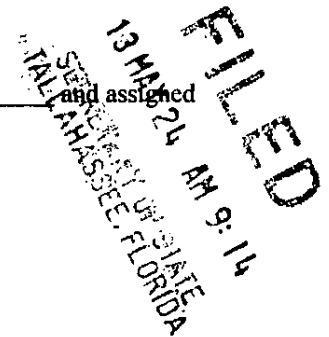
City

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:

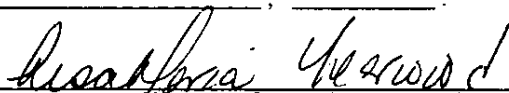
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Please correct the name of Managing Member (Lisa M.  
Yearwood) to (Lisa-Maria N. Yearwood)

Dated May 22nd, 2013



Signature of a member or authorized representative of a member

Lisa-Maria N. Yearwood

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**