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From:

Account Name : CARVER DARDEN Account Number : I20070000116 Phone : (850)266-2300 Fax Number : (850)266-2301

Fax Number : (850)617-6383

Division of Corporations

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GULF BLUE 30A, LLC

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|--------------------------------------|---|---|--------------------|---|-------------|
|                                      |   | COVER LETTER  |                    |   |             |
| TO: Registration S<br>Division of Co |   |   |                    |   |             |
| SUBJECT: Gulf                        | Blue 30A, LLC   |   |                    | _   |             |
|                                      | Name of Lim   | ited Liability Company  |                    |   |             |
| The enclosed Articles of             | Amondment and fee(s) are sub-   | O. Moh  | tosh Belsinger, .  | Jr.   |             |
| Please return all correspo           | ondence concerning this matter  | to the following:   |                    |   |             |
|                                      | O. McIntosh   | Belsinger, Jr.  |                    | 20  |             |
|                                      |   | Name of Person  |                    |   | ہے ہے۔<br>چ |
|                                      |   | Firm/Company  |                    | - <u>6</u>  |             |
|                                      | 212 S. Alcar  | niz St.   |                    | 2   |             |
|                                      |   | Address   |                    |   |             |
|                                      | Pensacola, I  |   |                    |   |             |
|                                      | tb@gulfbluevaca   |   |                    | _   |             |
| For further information of           | E-mail address: ()<br>concerning this matter, please c:                             | to be used for future annual report notif<br>all:                             | (cation)           |   |             |
|                                      | h Belsinger, Jr   |   | 655                |   |             |
|                                      | of Person   |   | Telephone Numi     | ber   |             |
| Enclosed is a check for t            | he following amount:  |   |                    |   |             |
| S25.00 Filing Fee                    | \$30.00 Filing Fee &<br>Certificate of Status                                       | \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)       | Certifi<br>Certifi | Filing Fee,<br>cate of Status &<br>ed Copy<br>nai copy is enclosed) |             |
| Regist<br>Divisi<br>P.O. B           | ING ADDRESS:<br>ration Section<br>on of Corporations<br>tox 6327<br>assee, FL 32314 | STREET/COURI<br>Registration Sectio<br>Division of Corpor<br>Clifton Building | n                  | :   |             |

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| Feb 6 2014 10:0 | 0am P003/005 |
|-----------------|--------------|
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fax

Gulf Blue 30A, 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 08/09/2013 and assigned Florida document number L13000113432

This amendment is submitted to amend the following:

| A. If amending name, enter the new name of the limited liabili                 | ity company here:                          | · · · · ·                          | 2014                                   |          |
|--|--|------------------------------------|--|----------|
| Gulf Blue Group, LLC   |  |                                    | רד:<br>דדי                             | •- ;•    |
| The new name must be distinguishable and end with the words "Limited Liability | ity Company," the designation "LLC" or the | bbrevial                           | ion "L.I.                              | .C       |
| Enter new principal offices address, if applicable:                            |  | بر میں پر<br>پ <sup>ہر</sup> ہو ہو | ص<br>                                  | 1<br>1   |
| (Principal office address MUST BE A STREET ADDRESS)                            |  | . '                                | Ĭ                                      | F        |
|  |  |                                    | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ·····, ' |
|  | ······································     |                                    | 610                                    |          |
| 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 addres | <br>SS |
| -                              | , Fl                        | orida  |

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 605, 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 3

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## If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Fax

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | Name | Address | Type of Action       |
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|--|---|-----------------------|--------------------------|--------|--------------|
|  | Fax   | Feb                   | 6 2014 10:1              | 01am P | 005/005      |
| D. If amending any other information, enter  | change(s) here: (Attach additional sheets             | ; if nece.            | ssary.j                  |        |              |
|  |   |                       |                          |        |              |
|  |   |                       |                          |        |              |
|  |   |                       | ••••• • <u>•</u> ••••    |        |              |
| E. Effective date, if other than the date of fil<br>(The effective date must be specific, cannot be prior to<br>the date this document is filed by the Florida Departm | date of receipt or filed date and cannot be more than | _ (optio<br>90 days a | nal)<br>fle <del>.</del> |        |              |
| Dated February   | 2014  |                       |                          |        |              |
| O.M. IS  | a member or authorized representative of a membe      |                       |                          | 201    |              |
| O. McIntosh Belsing  |   |                       |                          |        | r i<br>F j   |
|  | Typed of brinked name of signee                       |                       | , 1 s<br>, - <           | -6     | 9 * ***<br>1 |
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