# \*L13000120094

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SECRETARY OF STATE
SALE ARRASSEE, FLORID.

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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

<sub>cr.</sub> Southeast Installations, 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:

# Kimberly White

Name of Person

Bluewater Railings, LLC (new name)

Firm/Company

325 E. 3rd Avenue

Address

Mount Dora, FL 32757

City/State and Zip Code

bluewaterrailings@hotmail.com

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

For further information concerning this matter, please call:

# Kimberly White

Name of Person

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 266f Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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13 SEP 12
SLUME AND ANY OF STATE OF
IALLAHASSEE, FLORIDA

Southeast Installations, 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 with Florida document number $\frac{L13000120094}{L13000120094}$ .	vere filed on August 26, 2013	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
Bluewater Railings, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC	or the abbreviation
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 registered agent and/or the new registered office address here:	ce address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
	, Florida	
	Ciţy	Zip Code
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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 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 = Mar MGRM = M	nager Ianaging Member		
Title .	<u>Name</u>	Address	Type of Action
<del></del>			Add
			Remove
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Sept 11,	<u> </u>
Sept 11,	M WWW cignafure) of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00