

L13000162652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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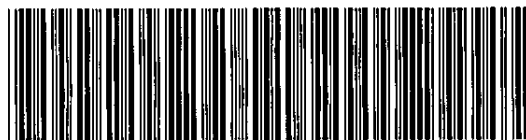
(Business Entity Name)

(Document Number)

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15 AUG 10 AM 8:39
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Water Port Development, 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:

Mark Reichenbach
Name of Person

Blue Water Port Development
Firm/Company

6700 South Florida Ave., Ste. 2
Address

Lakeland, FL 33813
City/State and Zip Code

mark.bwpd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Reichenbach at (772) 528-0818
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
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

APPROVED
AND
FILED

15 AUG 10 AM 8:39

Blue Water Port Development, 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 11/20/2013 and assigned
Florida document number L13000162652

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 contain 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lorenzo Thompson	4401 Ribblesdale Lane	☐ Add
		Orlando, FL 32808	☐ Remove
			☒ Change
MGRM	Pedro Romero	790 Carissa Drive	☐ Add
		Royal Palm Beach FL 33411	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 10 AM 8:39
SECURITY OF STATE
DELAWARE - FLORIDA

WITNESSES

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August, 10, 2015

Mark Kucharski
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mark Reichenbach

Typed or printed name of signee