

L14000001952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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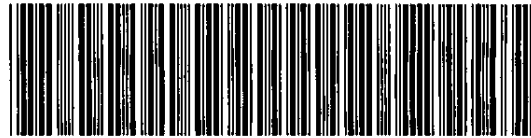
(Business Entity Name)

(Document Number)

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SEP 19 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern International Sports 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:

Javed Rahman

Name of Person

Firm/Company

1300 SW 90th Ave

Address

Miami, FL 33174

City/State and Zip Code

JRahman@rahmanlawfirm.com

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

For further information concerning this matter, please call:

Javed Rahman

Name of Person

at (305)

Area Code

904-2112

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**

Southern International Sports 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 01/06/2014 and assigned
Florida document number L14000001952.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bluewater Bliss LLC

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)

1360 South Dixie Highway

Suite 100

Coral Gables, FL 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1360 South Dixie Highway

Suite 100

Coral Gables, FL 33146

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:

Javed Rahman

New Registered Office Address:

1360 South Dixie Highway, Suite 100

Enter Florida street address

Coral Gables

City

, Florida 33146

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.

Javed Rahman
If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Javed Rahman	1360 South Dixie Highway, Suite 100	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33146	<input type="checkbox"/> Remove
mgrm	Mario Mora	9 Star Island Drive	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
mgrm	Nelson Cardenas	1860 West Ave	<input checked="" type="checkbox"/> Add
		2 Floor	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	
mgr	Mario Mora	9 Star Island Drive	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

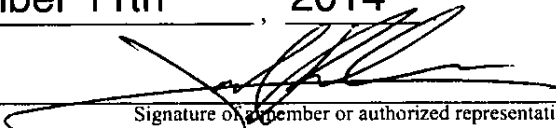
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: Filing Date (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 11th, 2014


Signature of member or authorized representative of a member

Javed Rahman-MGRM

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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