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Office Use Only



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JUL 01 2014 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpor		
BLU	E SEA VENTURE LL	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	SPARTA NICHOLOU	DIS
•	Name of Person	
	BLUE SEA VENTU	IRE LLC
•	Firm/Company	======================================
	4812 64TH DR W	
•	Address	
	BRADENTON, FL 3	4210
	City/State and Zip Code	
_	GBN@ ATHENS GREECE E-mail address: (to be used for future annual rep	
For further information conc	erning this matter, please call:	,
SPARTA NI	- ·	31.2 011.2
Name of Pe	at (' ' ' ' ')	162-0462 Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:	
□ \$25.00 Filing Fee 7	\$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 Registratio		COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE SEA VENT				
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now ap d Liability Compan	pears on our record ly)	<u>(s.</u>)	
The Articles of Organization for this Limited Liability Compared Provided document number	ny were filed on	Jan. 10,	2014	and assigned
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited lia	ability company	<u>/ here</u> :		
he new name must be distinguishable and end with the words "Limited Li	iability Company,"	the designation "LL	C" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable:				·
Principal office address MUST BE A STREET ADDRESS)				14
			En L	
				<u> </u>
nter new mailing address, if applicable:				· 80 C
Aailing address MAY BE A POST OFFICE BOX)	- · · · · · · · · · · · · · · · · · · ·		•	
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			<u>- به ا</u> ان بازد	: = -
. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		on our records	s, <u>enter th</u> o	e name of the r
Name of New Registered Agent:				
New Registered Office Address:				
	Enter	Florida street addres	S	
		, Flo	orida	
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title Name** Address Type of Action 4812 64TH DRW MGR TED NICHOLOUDIS ☐ Add BRADENTON, FL 34210 Remove MGR CHRISTOS NICHOLOUDIS 4812 64TH DRW **X**Add BRADENTON, FL 34210 □ Remove MGR FLORA NICHOLOUDIS 4812 64TH DR W **L**A√dd BRADENTON, FL 34210 ☐ Remove ☐ Add ☐ Remove Remove □ Add □ Remove

	
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e effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	
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the effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) ated JUNE 25, 2014 Fata Lucului e Signature of a member or authorized representations.	cannot be more than 90 days after
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) Dated JUNE 25, 7014 Frata Livelie Signature of a member or authorized representations of the state of the	cannot be more than 90 days after

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Filing Fee: \$25.00

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