

L14 0000 37727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

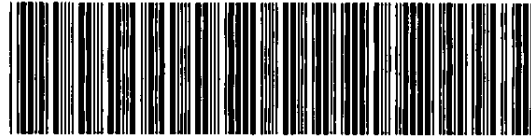
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500260730775

06/03/14--01036--001 \*\*55.00

FILED  
14 JUN -3 PM 12:54  
TALLAHASSEE, FLORIDA

J. Shivers JUN 10 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUE HORIZON INVESTMENT PROPERTIES 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91219

City/State and Zip Code

s.j.williams85@hotmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

at ( 323 ) 962-8600 ext 7950

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

**BLUE HORIZON INVESTMENT PROPERTIES LLC**

Page 1 of 3

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>
MGR	Rg Lutz	509 Moonrise Drive	<input checked="" type="checkbox"/> Add
		Port Orange, FL 32127	<input type="checkbox"/> Remove
MGR	Beverly V. Williams	509 Moonrise Drive	<input checked="" type="checkbox"/> Add
		Port Orange, FL 32127	<input type="checkbox"/> Remove
MGR	Ralph Beebe	509 Moonrise Drive	<input checked="" type="checkbox"/> Add
		Port Orange, FL 32127	<input type="checkbox"/> Remove
MGR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 JUL - 3  
11:12:54  
TALLAHASSEE, FLORIDA

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

---

---

---

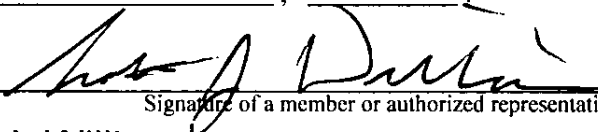
---

---

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 \_\_\_\_\_,



Signature of a member or authorized representative of a member

**Scott J. Williams**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

014.160  
14 JUN -3 PM 12:54  
STATE  
TALLAHASSEE, FLORIDA