	OSLO99		
(Requestor's Name)			
(Address)	100266637151		
(Address) (City/State/Zip/Phone #)	01/23/15010/1011 **25.00		
(Business Entity Name)			
(Document Number) Certified Copies Certificates of Status	TALLAHASSEE		
Special Instructions to Filing Officer:	LORDER 19		
Office Use Only	ى يېچىنى د يې		
	FEB OLE 2015		

## **COVER LETTER**

ro:	Registration Section
	Division of Corporation

Bluewater Homes LLC

SUBJECT:

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:

Kyle Cicchetti

Name of Person

**Renovation SRQ** 

Firm/Company

6563 Pine Breeze Run

Address

 Address
 Address

 Sarasota, Fl 34243
 Sarasota, Fl 34243

 City/State and Zip Code
 City/State and Zip Code

 kyleci@yahoo.com
 Sarasota, Fl 34243

 E-mail address: (to be used for future annual report notification)
 Sarasota, Fl 34243

 Kyle Cicchetti
 941
 8127065

 Name of Person

 Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 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

Bluewater Homes LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<u></u>
The Articles of Organization for this Limited Liability Company v Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil R SR R Uchtures d The new name must be distinguishable and end with the words "Limited Liabil	LLC	te abbreviation "L.L.C."
Enter new principal offices address, if applicable: ( <u>Principal office address MUST BE A STREET ADDRESS)</u>	_6563 Rine Sarasota	Breeze Rin El 34243
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6563 Pine Scressla,	Breeze Run F1 34243
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		Prette name of the new
Name of New Registered Agent:		μ <sup>τα</sup> ω
New Registered Office Address:	Enter Florida street address	
	, Florida	0
	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

Page 1 of 3

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

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 E. Effective date, if other than the date of filing: (optional) the date this document is filed by the Florida Department of State) Ľ -Dated\_ Signature of a member or authorized representative of a member 4 n Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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