

L15000044994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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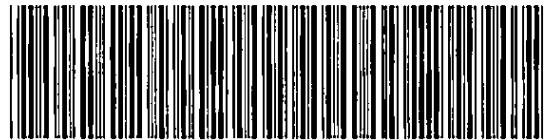
(Business Entity Name)

(Document Number)

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06/29/18--01021--012 **55.00

18 JUL -2 6:28:49
JUL 05 2018

J. J. EGGETT
JUL 05 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blue Mist Ultra Lounge, LLC, a Florida limited liability company

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:

Georges Sylvain

Name of Person

Firm/Company

641 SW McComb Avenue

Address

Port St. Lucie, FL 34953

City/State and Zip Code

georgesylvain2010@gmail.com

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

For further information concerning this matter, please call:

Georges Sylvain

561

713-9606

at (_____) _____

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**

Blue Mist Ultra Lounge, LLC, a Florida limited liability company

(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 03/12/15 and assigned
Florida document number L15000044994.

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)

Georges Sylvain

641 SW McComb

Port St. Lucie, FL 34953

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:

Georges Sylvain

New Registered Office Address:

641 SW McComb

Enter Florida street address

Port St. Lucie

City

Florida

~~34988~~

34953

Zip Code

GS

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

GEORGES SYLVAIN

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>
MGR	Umesh Katwaru	768 SE Atlantus Avenue	<input type="checkbox"/> Add
		Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Georges Sylvain	641 SW McComb	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

18 JUL - 2 16:15:40

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 27 2018



Signature of a member or authorized representative of a member

Umesh Katwaru

Typed or printed name of signee

U7000127622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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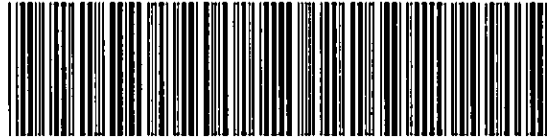
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/02/18--01008--021 **25.00

18 JUL -2 10:49 AM
JUL 05 2018

J. J. EGGETT
JUL 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1125-97 BAY HARBOR, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FIRAT AKCAY - 1125-97 BAY HARBOR, LLC

Name of Person

C/O Eleonora Depalma PA

Firm/Company

350 LINCOLN ROAD 2nd Floor

Address

Miami Beach

City/State and Zip Code

firatakay13@gmail.com

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

For further information concerning this matter, please call:

FIRAT AKCAY

at (860) 805-9580

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: 1125-97 BAY HARBOR, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

10084 W BAY HARBOR DRIVE, Unit 12

BAY HARBOR ISLAND, FL 33154

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

10084 W BAY HARBOR DRIVE, Unit 12

BAY HARBOR ISLAND, FL 33154

06/12/2017

L17000127622

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CF REGISTERED AGENT INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

100 S ASHLEY DR, Suite 400

TAMPA, FL 33602

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

ELEONORA DEPALMA PA

NEW Registered Office Address:

350 LINCOLN ROAD 2nd Floor

MIAMI BEACH, FL 33139

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

FIRAT AKCAY

Printed or typed name of signee

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.

Signature of Registered Agent