

L15000075772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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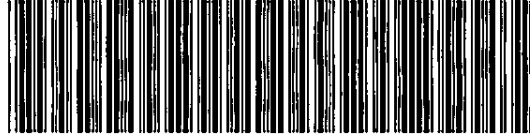
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

OCT 19 2015  
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**HOOVER HATHAWAY, P.C.**  
**ATTORNEYS AT LAW**  
126 SOUTH MAIN STREET  
**ANN ARBOR, MICHIGAN 48104-1945**  
(734) 662-4426  

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FAX (734) 662-6098

JOSEPH C. HOOVER  
1899-1980  
JOHN R. HATHAWAY  
1929-2001

October 15, 2015

**VIA FEDERAL EXPRESS**

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

Re: BLUEPOINTE ONE PALM, LLC  
FL Document Number: L15000075772

Dear Madam/Sir:

Enclosed for filing please find the Registration Section's COVER LETTER, along with the Articles of Amendment to Articles of Organization with regard to the above Florida limited liability company. Also enclosed is our check in the amount of \$25.00 representing the requisite filing fee.

Thank you for your attention to this matter. Please contact our office immediately if there are any questions or problems with this request.

Sincerely,

HOOVER HATHAWAY, P.C.



Rhonda P. Brown,  
Legal Assistant

rpb\  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLUEPOINTE ONE PALM, 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:

James R. Beuche

\_\_\_\_\_  
Name of Person

Hooper Hathaway, P.C.

\_\_\_\_\_  
Firm/Company

126 South Main Street

\_\_\_\_\_  
Address

Ann Arbor, MI 48104

\_\_\_\_\_  
City/State and Zip Code

cnichols@hh-pc.com

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

For further information concerning this matter, please call:

Christine Nichols

734  
at (\_\_\_\_\_) \_\_\_\_\_

662-4426

\_\_\_\_\_  
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**

BLUEPOINTE ONE PALM, 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 April 29, 2015 and assigned  
Florida document number L15000075772.

This amendment is submitted to amend the following:

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

BLUE POINTE SARASOTA, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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 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>
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Add  
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