## L15000094795

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(Requestor's Name)
(Address)
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(Audiess)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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## COVER LETTER,

TO: Registration So Division of Con			
James Beni	nett Limited Liability Company		
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	4
	James Bennett		
		Name of Person	
	Blue Water Gates Doors ar	nd More	
		Firm/Company	<del></del>
	11264 Shady Glen Dr.		
		Address	
	Jacksonville Fl. 32257		
		City/State and Zip Code	
	jaybenne@yahoo.com		
	E-mail address: (	to be used for future annual report notific	ation)
For further information	concerning this matter, please ca	all:	
James Bennett		904 405-6648	
Name	of Person	at () Area Code Daytime 1	Felephone Number
Enclosed is a check for t	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**

James BennettLimited Liability Company			
( <u>Name of the Limited Liabilite</u> (A Florida	y Company as it now apper Limited Liability Company)	<u>ars on our records.</u> ) )	
The Articles of Organization for this Limited Liability C Florida document number L15000094795	ompany were filed on <u>^</u> 	1/ay 29 2015	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company l	<u>here</u> :	
Blue Water Gates Doors and More LLC			
he new name must be distinguishable and contain the words "Lim	ited 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 ADDR	ESS)		
Enter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		on our records, <u>ent</u> e	er the name of the
Name of New Registered Agent:		1.21	
New Registered Office Address:		d -1	<u></u>
	Enter Fi	lorida street address	
		, Florida	
	City		Zip Code

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>	Address	Type of Action
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	Index 17 2015
Effectiv	e date, if other than the date of filing: July 17 2015 (optional)
If an effect Note: If	tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	it's effective date on the Department of State's records.
he reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated _	ıly 10 2015
	1 0
	1) / <del> </del>

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Typed or printed name of signee

Filing Fee: \$25.00