

L15000185091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

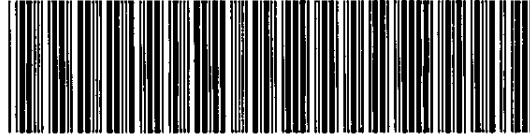
(Business Entity Name)

(Document Number)

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FILED
2016 JAN 22 PM 12:09
TALLAHASSEE FLORIDA
CLERK OF SUPERIOR COURT

JAN 25 2016
J. HARRIS

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BLUE OCEAN CONTRACTORS, 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:

JOSEPH FASCIGLIONE

Name of Person

ALLIANCE FINANCIAL SERVICES

Firm/Company

2101 VISTA PKWY

Address

WEST PALM BEACH FL 33411

City/State and Zip Code

joe.alliancefinancial@gmail.com

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

For further information concerning this matter, please call:

JOSEPH FASCIGLIONE

Name of Person

561

at ()

Area Code

939-4898

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2015

JOSEPH FASCIGLIONE
ALLIANCE FINANCIAL SERVICES
2101 VISTA PARKWAY, SUITE 122
WEST PALM BEACH, FL 33411

SUBJECT: BLUE OCEAN CONTRACTORS, LLC
Ref. Number: L15000185091

RECEIVED
2016 JAN 22 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BLUE OCEAN CONTRACTORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 815A00027279

RECEIVED
2016 JAN 22 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE OCEAN CONTRACTORS, 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 10/29/2015 and assigned
Florida document number L15000185091.

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)

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:

New Registered Office Address:

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>
MGR	DWIGHT GRAY	6231 PGA BLVD	<input type="checkbox"/> Add
		PALM BEACH GARDENS	<input checked="" type="checkbox"/> Remove
		FL 33418	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 JUN 22 PM 12:10
 SECURITY
 PALM BEACH GARDENS
 FL 33418

[illegible]

(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.

Dated JANUARY 19, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JOSEPH FASCIGLIONE

Typed or printed name of signee

2016 JAN 22 PM 12:10
FALLAUXSETT LINDA