

L15 000 201 482

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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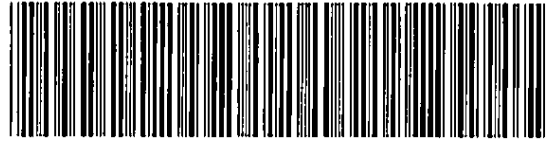
(Business Entity Name)

(Document Number)

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2024 JUN 12 PM 5:19
SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bluffs Boat Slips, 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:

Richard Maxwell
Name of Person

Bluffs Boat Slips, LLC
Firm/Company

PO BOX 210847
Address

Royal Palm Beach, FL 33421
City/State and Zip Code

Heather@palmtreesaver.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Fischer at (561) 373-9936
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Bluffs Boat Slips, 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 12/2/15 and assigned
Florida document number L15000201482

This amendment is submitted to amend the following:

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

Bluffs Acquisitions, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2015 JUN 12 PM 5:19
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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

[illegible]

[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 May 31, 2024

Signature of a member or authorized representative: Richard Maxwell

Signature of a member or authorized representative of a member

Richard Maxwell

Typed or printed name of signee

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000201482

Entity Name: BLUFFS BOAT SLIPS, LLC

Current Principal Place of Business:

3560 INVESTMENT LANE
SUITE 101
WEST PALM BEACH, FL 33404

Current Mailing Address:

P.O. BOX #210847
ROYAL PALM BEACH, FL 33421 US

FEI Number: 81-0778421

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAXWELL, RICHARD
3560 INVESTMENT LANE
SUITE 101
WEST PALM BEACH, FL 33404 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR/AMBR
Name THE RICHARD & MIRIAM MAXWELL
FAMILY TRUST
Address P.O. BOX #210847
City-State-Zip: ROYAL PALM BEACH FL 33421

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD MAXWELL

M

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date