

116 000001500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

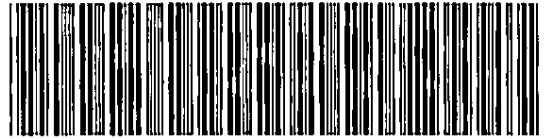
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
TALLAHASSEE FLORIDA

J. LEGGETT  
JAN 11 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE DEVIL FISHING 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:

Gary S. Lachman

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

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

5604 N. Ocean Boulevard

\_\_\_\_\_  
Address

Ocean Ridge, FL 33435

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

Gary.Lachman@gmlaw.com

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

For further information concerning this matter, please call:

Casey Wallace

561

838-4504

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

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

BLUE DEVIL FISHING LLC

Page 1 of 3

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>
AMBR	Stephen L. Magassy	5604 N. Ocean Boulevard	<input checked="" type="checkbox"/> Add
		Ocean Ridge, FL 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matthew C. Magassy	5604 N. Ocean Boulevard	<input checked="" type="checkbox"/> Add
		Ocean Ridge, FL 33435	<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"/> Change

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

FILED  
JAN 10 AM 9:04  
18  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA  
TALLAHASSEE

**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 January 3, 2018

*Gary S. Lachman*  
Signature of a member or authorize

Signature of a member or authorized representative of a member

Gary S. Lachman

Typed or printed name of signee