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COVER LETTER

Division of Co				
Blue Water SUBJECT:	er Insurance Advisors, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	<i>g</i>	g.		
	Robert V. Blackwelder			
		Name of Person		
	Blue Water Insurance Adv	visors, LLC		
		Firm/Company		
	6475 Morgan La Fee Land		**************************************	
		Address	7 JAH -9	
	Fort Myers, Fl. 33912			
	bluewaterinsuranceadvisors	City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:	fication)	
Robert V. Blackwelder		239 940-4413		
Name	of Person	at () Area Code Daytim	e Telephone Number	
P-11' - 1-1 6	of a City of the control of			
Enclosed is a check for	_	FI 655 00 Filian Fan 9	D 640 00 PRive Per	
■ \$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)	
Regis	LING ADDRESS: tration Section	STREET/COURI Registration Section		
	ion of Corporations Box 6327	Division of Corporations Clifton Building		
Tallal	nassee, FL 32314	2661 Executive Ce Tallahassee, FL 32		

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

Blue Water Insurance Advisors, LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on February 5, 2016	and assigned	
lorida document number L16000025464			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	بنتر ا	
Enter new principal offices address, if applicable:	6475 Morgan La Fee Lane		
Principal office address MUST BE A STREET ADDRESS)	Ft. Myers Fl, 33912	يُون في	
		<u> </u>	
		# R	
Enter new mailing address, if applicable:	4		
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the ne	
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zip Code	
lan Darland A and Standard Darland A and Standard	City	Zip Code	
lew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete	1 2 2		

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
AMBR	Loraine M. Helsel	6475 Morgan La Fee Lane	□ Add
		Ft Myers, Fl. 33912	■ Remove
7			☐ Change
AMBR	Lindsay E. Blackwelder	6475 Morgan La Fee Lane	
		Ft. Myers, Fl. 33912	■ Remove
		,	Change
AMBR	Jenna V Blackwelder	6475 Morgan La Fee Lane	Add □
		Ft. Myer, Fl. 33912	Remove
			Change
		_	□ Add
		□ Remove	
			Change
			Add
			Remove
			Change
		_	Add
		4 11-	□ Remove
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ective date, if other than n effective date is listed, the date	the date of filin	ıg:			optional)	
n effective date is listed, the date te: If the date inserted in the cument's effective date on the	s block does not	meet the applic	able statutory fi	r more than 90 days ling requirements	after filing.) Pursuant to s, this date will not be	o 605.0207 (: listed as t
record specifies a dela he 90th day after the			t an effectiv	e time, at 12:	01 a.m. on the e	arlier of:
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ed		2017	·			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00