

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN -9 PM 4:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blue Water Insurance Advisors, 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:

Robert V. Blackwelder

Name of Person

Blue Water Insurance Advisors, LLC

Firm/Company

6475 Morgan La Fee Lane

Address

Fort Myers, FL 33912

City/State and Zip Code

bluewaterinsuranceadvisors@gmail.com

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

For further information concerning this matter, please call:

Robert V. Blackwelder

239

940-4413

at (_____) _____

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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	Loraine M. Helsel	6475 Morgan La Fee Lane	<input type="checkbox"/> Add
		Ft Myers, Fl. 33912	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lindsay E. Blackwelder	6475 Morgan La Fee Lane	<input type="checkbox"/> Add
		Ft. Myers, Fl. 33912	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jenna V Blackwelder	6475 Morgan La Fee Lane	<input type="checkbox"/> Add
		Ft. Myer, Fl. 33912	<input checked="" type="checkbox"/> Remove
			<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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TALLAHASSEE, FL 32304

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

[illegible]

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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 06 2017

Robert V. Harkness
Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Robert V. Blackwelder

Typed or printed name of signee