## L160000 45311

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	∐} MAIL
(Bu	ısiness Entity Nan	ne)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. HARRIS

## **COVER LETTER**

ision of Cor	porations		
Blue Ocean	Projects LLC		
	Name of Lim	ited Liability Company	
Articles of	Amendment and fee(s) are sub-	mitted for filing.	
all correspo	ndence concerning this matter	to the following:	
	Ranald Schulz	•	
		Name of Person	
	Blue Ocean Projects LLC		
		Firm/Company	
	120 SW 8th Street		
		Address	
	Miami, Florida 33130		
	manalda@amail.com	City/State and Zip Code	
	<del>-</del>	to be used for future annual report notif	ication)
nformation co		·	,
lz		305 9168539 at ( )	
Name of	f Person		Telephone Number
check for th	ne following amount:		
iling 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)
	Articles of a all corresponding formation could be a larger of the second secon	Articles of Amendment and fee(s) are substantial correspondence concerning this matter  Ranald Schulz  Blue Ocean Projects LLC  120 SW 8th Street  Miami, Florida 33130  ranalds@gmail.com  E-mail address: (and the street of the following amount: a check for the following amount: filing Fee  \$30.00 Filing Fee	Blue Ocean Projects LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Ranald Schulz  Name of Person  Blue Ocean Projects LLC  Firm/Company  120 SW 8th Street  Address  Miami, Florida 33130  City/State and Zip Code  ranalds@gmail.com  E-mail address: (to be used for future annual report notifinformation concerning this matter, please call:  alz  Name of Person  a check for the following amount:  a check for the following amount:  Ciling Fee  \$30.00 Filing Fee & Certified Copy

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. (Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
	(A Florida Limited Liability Company)	
he Articles of Organization for this Limited	Liability Company were filed on 3/2	and assigned
lorida document number L16000045311	<del>,</del>	
his amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
he new name must be distinguishable and contain the	words "Limited Liability Company," the	lesignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		LCAE .
nter new mailing address, if applicable:		7,022
Mailing address MAY BE A POST OFFICE	E BOX)	0)
		TO THE PERSON
		P. D. P. C. P. P. C. P. C. P. C. P. P. C. P. P. C. P. P. C. P. P.
. If amending the registered agent and		
gistered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Jesse Dean-Kluger, P.A.	
New Registered Office Address:	1110 Brickell Avenue, Suite 208	
	Enter Flo	rida street address
·	Miami	, Florida 33131
	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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Mary Wolff	120 SW 8th Street	■ Add
		Miami Florida 33130	□ Remove
•			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
		,	☐ Change
		,	Add
			□ Remove
			Change
			TALLANII
			Pamoro ***
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			☐ Change

<b>*</b>	
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fective date, if other than the date of filing: (of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	<b>ptional)</b> after filing.) Pursuant to 605.01
<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, becument's effective date on the Department of State's records.	this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	1 a.m. on the earlier
05/12/2016	=
05/12/2016	16 HAY SECRET
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Page 3 of 3

Filing Fee: \$25.00