

116000135306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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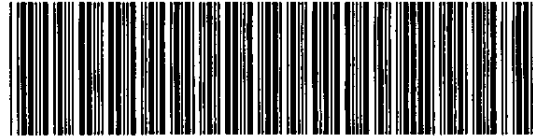
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

OCT 18 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLU SPADE WATER COMPANY 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:

Nicholas H. Jewell
Name of Person

Blu Spade Water Company LLC
Firm/Company

140 NW 20th Court
Address

Pompano Beach FL 33060
City/State and Zip Code

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

For further information concerning this matter, please call:

Nicholas Jewell at (954) 304-0676
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

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

BLU SPADE Water Company 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 07/19/2016 and assigned
Florida document number L16000135306

This amendment is submitted to amend the following:

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

"name stays the same" BLU SPADE WATER Company 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)

140 NW 20th Court
Pompano Beach, FL
33060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

"stays same" (P.O. BOX.)

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:

Jewell, Nicholas H.

New Registered Office Address:

140 NW 20th Court

Enter Florida street address

Pompano Beach Florida 33060
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

FILED
JUL 19 2016
CLERK OF DISTRICT COURT
STATE OF FLORIDA
JUL 19 2016

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>
MGR	Gal, Nikoletta	7430 NW 19th drive, Pembroke Pines FL 33024	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Krippel, Julia	140 NW 20th court, Pompano Beach, FL 33060	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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CLERK OF STATE
TREASURY FLORIDA

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

N/A

E. Effective date, if other than the date of filing: N/A **(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 October 12, 2016.

Signature of a member or authorized representative of a member

Nikoletta Gal

Typed or printed name of signee

2016 OCT 17 AM 10:31
SECRETARY OF STATE
TAMM BASSIST, FLORIDA

FILED