

L17000028211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

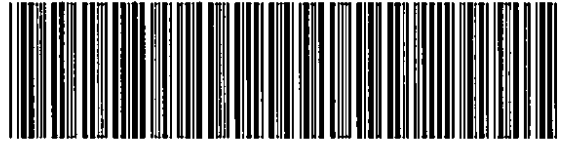
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/02/18--01024--021 **25.00

T. CLINE

SEP 10 2018

EXAMINER

SEP 10 11:31:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2018

SHAUNETTE STOKES
5508 N. 50TH STREET
SUITE 9
TAMPA, FL 33610

SUBJECT: BLU WATER BOTTLED WATER LLC
Ref. Number: L17000028211

We have received your document for BLU WATER BOTTLED WATER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 418A00016353

2018 AUG 10 PM 3:27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLU WATER BOTTLED WATER 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:

Shaunette Stokes, Esq.

Name of Person

Stokes Law Group, PLLC

Firm/Company

6508 N. 50th Street Suite 9

Address

Tampa FL 33610

City/State and Zip Code

shaunette@stokeslegalcounsel.com

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

2005-10-10 PM 3:27

For further information concerning this matter, please call:

Shaunette Stokes

Name of Person

813

at ()

Area Code

444-4156

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 WATER BOTTLED WATER 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 02/07/2017 and assigned
Florida document number L17000028211

This amendment is submitted to amend the following:

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

IMPERIAL BLU PREMIUM LABEL 1971, 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)

9830 TERRACE TRAIL LN.

TEMPLE TERRACE, FL 33637

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE 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:

Stokes Law Group, PLLC

New Registered Office Address:

5508 N. 50th Street Suite 9

Enter Florida street address

Tampa

City

Florida 33610

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

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>
MAMBR	Terriell Ashley	9830 TERRACE TRAIL LN.	<input type="checkbox"/> Add
		TEMPLE TERRACE, FL 33637	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

253 SET 10 PH 3:28

St: 10 PH 13:20

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 7-12-18, _____

Signature of a member or authorized representative of a member

TERRELL ASHLEY

Typed or printed name of signer