

L17000087763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

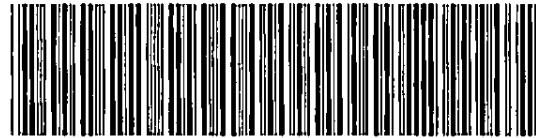
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 NOV 16 AM 7:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE OCEAN MECHANICAL SERVICES 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:

RICHARD DIRDEN

Name of Person

BLUE OCEAN MECHANICAL SERVICES LLC

Firm/Company

398 SNAPDRAHON LOOP

Address

BRADENTON FLORIDA 34212

City/State and Zip Code

RICHARD@BLUEOCEANMECHANICAL.COM

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

For further information concerning this matter, please call:

RICHARD DIRDEN

941 479043

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 &
Certificate of Status~~
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certificate of 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**

BLUE OCEAN MECHANICAL SERVICES 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 04/20/2017 and assigned Florida document number 1.17000087763.

This amendment is submitted to amend the following:

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

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)

398 SNAPDRAGON LOOP

BRADENTON

FLORIDA 34212

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

398 SNAPDRAGON LOOP

BRADENTON

FLORIDA 34212

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:

RICHARD DIRDEN

New Registered Office Address:

398 SNAPDRAGON LOOP

Enter Florida street address

BRADENTON

City

Florida

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>
AMBR	CHRISTOPHER D WELLS	9106 64TH AVE E	<input type="checkbox"/> Add
		BRADENTON	<input checked="" type="checkbox"/> Remove
		FL 34202	<input type="checkbox"/> Change
MGR	RICHARD DIRDEN	398 SNAPDRAGON LOOP	<input checked="" type="checkbox"/> Add
		BRADENTON	<input type="checkbox"/> Remove
		FLORIDA 34212	<input type="checkbox"/> Change
MGR	SARAH DIRDEN	398 SNAPDRAGON LOOP	<input checked="" type="checkbox"/> Add
		BRADENTON	<input type="checkbox"/> Remove
		FL 34212	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FEIN 82-1357473

17 NOV 16 AM 7:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: _____ (optional)

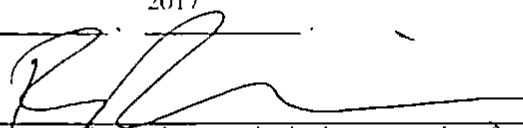
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

a) The 90th day after the record is filed.

Dated 14TH NOVEMBER 2017


Signature of a member or authorized representative of a member

RICHARD DIRDEN

Typed or printed name of signee