

L17000178521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

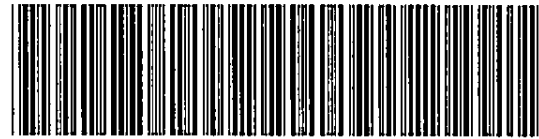
(Business Entity Name)

(Document Number)

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08/30/17--01003--028 **30.00

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2017 SEP 18 PM 3:22
FBI MASSACHUSETTS

K. SALY
SEP 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Waters Mobile Marine
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:

Luen K Anthony JR
Name of Person

Blue Waters Mobile Marine, LLC
Firm/Company

633 Florida Parkway
Address

Hissimsee, FL 34743
City/State and Zip Code

luen-anthony@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luen K Anthony JR at 340 227-4973
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Blue Waters Mobile Marine, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/21/2017 and assigned
Florida document number L17000178521.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

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>
MGR	Luen K Anthony JR	633 Florida Parkway	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Changing AMBR to MGR	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2017 SEP 18 PM 3:22
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/18/2017 BY 60322

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

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CLERK OF SUPERIOR COURT
HALLAM, S.D.

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

08/26/17

Luca Anthony

Signature of a member or authorized representative of a member

Luca Anthony

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2017

BLUE WATERS MOBILE MARINE, LLC
LUEN K ANTHONY JR.
633 FLORIDA PKWY
KISSIMMEE, FL 34743

SUBJECT: BLUE WATERS MOBILE MARINE, LLC
Ref. Number: L17000178521

We have received your document for BLUE WATERS MOBILE MARINE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page for your convenience. Please complete the hi-lited areas and any area the needs to be changed and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00018164

2017 SEP 10 AM 11:05

SEAL CHANCELLERY FLORIDA