117000187739

(Re	questor's Name)	
	_	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
_		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	s of Status
	 ·	
Special Instructions to	Filing Officer:	ľ
]

Office Use Only



800331623088

07/08/19--01013-+017 **85.10

2019 SET -6 MM II: 30

R WHITE SEP 10 2013



July 17, 2019

KENNETH STAUDINGER 13435 S MCCALL RD UNIT 212 PORT CHARLOTTE, FL 33981

SUBJECT: BLUE SEA PROPERTY GROUP LLC

Ref. Number: L17000187739

We have received your document for BLUE SEA PROPERTY GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 319A00014570

Rebekah White Regulatory Specialist II Supervisor

2019 SEP = 6 7 2111: D2

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BLUE SEA PROPERTY GROSP 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:
KENNETH STAUDINGER. Name of Person
BLUE SEA MOPERTY GROUP LLC Firm/Company
13435 SOUTH MCCALL ROAD UNITZIZ
PORT CHARLOTTE FL 33981 City/State and Zip Code BLUE SEA PROPERTY GROOP & GMAIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Remoter 5TAUDIALER at (94) 697-0690 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 & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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



Rame of the Limited Liability Company as it new appears on our records.)

(A Florida Limited Liability Company)

	ny were filed on	and assigned
Florida document number CV 1000 (6 V134).		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." cipal offices address, if applicable: address MUST BE A STREET ADDRESS	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
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)		
R If amending the registered agent and/or registered	office address on our	records, enter the name of the
registered agent and/or the new registered office address h	<u>iere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	P - Plusti	
	Enter Florida si	reet address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	•	,
_		wing I footbar awas to comply with
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off	ete performance of my (as provided for in Chap	tuties, and 1 am jamiliar with and ter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MemBer	ALYSSA M. STAUDING	cen 10265 GASPARILIA RD	Add
	•	PLACIDA I=C 33946	□ Remoye
		142 BLUE SEALW Toms River N.J. DE	Change
MemBa	Jennifen Smith	Toms River N. J. S.	B3 O Add
			Remove
			Change
			🗆 Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
		<u></u>	Change

				-	 -
					
					
				_ 	
		<u></u>			
					
•					
			-		- <u></u>
				· ·	
					
		<u> </u>			
fective date, if oth	er than the date of	filing:	and dots of Climan	(optional) >) Pursuant to 605 01
ote: If the date inser	d, the date must be spec rted in this block does late on the Departme	s not meet the appli	cable statutory filing	g requirements, this date	will not be listed
record specifie: The 90th day af	s a delayed effect ter the record is	tive date, but n filed.	ot an effective t	ime, at 12:01 a.m.	on the earlier
ned <u>Sel</u>	Cember 4 Nematica Signatur	1019 Canalye		at a mambar	
	Kennem	re of a member or aut	norizea representative	to a member	

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

Page 3 of 3

Filing Fee: \$25.00