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S. PRATHE,

COVER LETTER

TO:		ation Section of Corpo				
C130 112			osalstand, LLC			
SUBJE)	C1:		Name of Limi	ted Liability Company		
The enc	losed Art	icles of An	nendment and fee(s) are sub-	nitted for tiling.		
Please r	eturn all	correspond	ence concerning this matter	to the following:		
			Evelyn Echevarria			
			BLUATOKALOOSAISI	Name of Person AND, LLC		-
•			16200 SW 107 PLACE	Firm/Company		_
			MIAMI, FL 33157	Address		-
				City/State and Zip Code		-
		,	E-mail address: (t	o be used for future annual report	notification)	
For furtl	her infori	nation cond	erning this matter, please ca	II:		
EVI	ELYN EC	THEVARR	IA	305 766-905	7	
Name of Person		at () Area Code Da	ytime Telephone Numbe			
Enclose	d is a che	ck for the f	ollowing amount:			
□ \$ 25	.00 Filing	; Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
			G ADDRESS:	STREET/CO Registration S	URIER ADDRESS:	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLU@Okaloosafsland, LLC	2
t <u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	in i
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	sility company here:
BLUatOkaloosaIsland, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	69 Little Redfish Lanc
(Principal office address MUST BE A STREET ADDRESS)	Santa Rosa Beach, FL 32459
Enter new mailing address, if applicable:	16200 SW 107 Place
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action Address** Title <u>Name</u> □ Remove _ Change \square Add _□ Remove _____ Change _□ Add ____ □ Remove ____ Change _____ □ Add ____ □ Remove _____ □ Change __ 🗆 Add □ Remove _____ Change ___ 🗆 Add ____ Remove _____ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

						
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Tective date, if o an effective date is li	ther than the date (sted, the date must be spe	of filing: ecitic and cannot be	prior to date of filin	ng or more than 90 da	(optional) ys after filing.) Purs	uant to 605.02
	serted in this block do e date on the Departm			y filing requiremen	ts, this date will	not be listed
	es a delayed effe		it not an effect	tive time, at 12	:01 a.m. on t	he earlier
The 90th day a	after the record is	s filed.			,	, 2
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Filing Fee: \$25.00