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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blue Water Name of Lin	MKting, LLC. nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Christop	Name of Person
Blue Water 2225 1600 SE	Dean Block Unit B, Address
	City/State and Zip Code Lieuxter MKting, COM (to be used for future annual report notification)
For further information concerning this matter, please c	all:
Chris Marcana Name of Person	at (508) 380 - 0826 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\frac{1}{27}\$\$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

Name of the Limited Liability Comp	Mkting / L C vany as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIRUOUO (65</u> 3	y were filed on $\frac{1/26/3018}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2225 SE Ocean Blvd. Unit B.
	Struct, FL 34996
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
	City 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

II 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>	Address	Type of Action
AMBR	Junes W. They for Ir	154 SE Via Lago Gardu Port St. Lucie FL 34952	🛛 Add
	1	Port St. Lucie FL 34952	🗆 Remove
			Change
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Signature of a member or authorized representative of a member		
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Page 3 of 3

Filing Fee: \$25.00