L1800002Z206

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COVER LETTER

	tration Section on of Corporation	s						
SUBJECT:	&M Blue Water, L	LC						
_		Name of Lim.	ted Liability Company	-				
The enclosed A	articles of Amendm	ent and fee(s) are sub	mitted for filing.					
Please return a	l correspondence c	oncerning this matter	to the following:					
	Charl	es Abels						
	В&М	Blue Water LLC	Name of Person					
	PO B	ox 3696	Firm/Company					
	Apoll	o Beach, FL 33572	Address				2019 HAY	>
	cabels	3@yahoo.com	City/State and Zip Co				9-	
For further info	rmation concerning	E-mail address: (ii this matter, please ca	o be used for future annu H:	ual report notific:	ation)	1 -	P₩ 4: 00	
Charles Abels ————	Name of Person		225 at () Area Code	802-2884 Daytime T	elephone Number		0	
Enclosed is a ch	eck for the followi	ng amount:						
■ \$25.00 Filid		.00 Filing Fee & ertificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		□ \$60.00 Filin Certificate Certified C (additional co	of Status Jopy		
	MAILING ADD	DECC.	0000	Provide No.				

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

B&M Bluewater 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 January 24, 2018 and assigned Florida document number L18000022206 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) 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: T. Edmund Spinks Name of New Registered Agent: 713 Lithia Pinecrest Rd New Registered Office Address: Enter Florida street address

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.

Brandon

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>	Type of Action
MGR	William Mather	713 Lithia Pinecrest Rd	
		· · · · · · · · · · · · · · · · · · ·	Add
		Brandon, FL 33511	
			Remove
			Charten
	Charles Abels	PO Box 3696	□ Change
MGR			Add
		Apollo Beach, FL 33572	
			Remove
			Change
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Note: If the date inserted in t	n the date of filing:		
If the record specifies a de (b) The 90th day after the	ayed effective date, but not an effective record is filed.	e time, at 12:01 a.m. on the earli	er of:
Dated May 2	2019		
1.	White (Wather		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00