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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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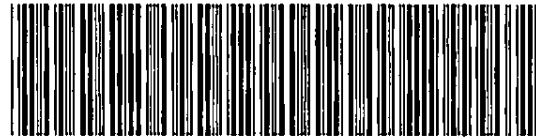
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Ocean Consulting Partners, 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:

Lauren Kukkamaa
Name of Person
Blue Ocean Consulting Partners, LLC
Firm/Company
121 Inkberry Drive
Address
Jupiter, FL 33458
City/State and Zip Code
blueocean1tech@gmail.com
E-mail address (to be used for future annual report notification)

Ⓢ Not sure if
this is what
you want.
if n/a, then
leave blank.
There is no
other firm, et

For further information concerning this matter, please call:

Lauren Kukkamaa at (561) 317-4932
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 & 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**

Blue Ocean Consulting Partners, 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 4/13/2018 and assigned Florida document number L18000093443.

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)

121 Inkberry Drive
Jupiter, FL
33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

121 Inkberry Drive
Jupiter, FL
33458

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:

Lauren Kukkamaa

New Registered Office Address:

121 Inkberry Drive

Enter Florida street address

Jupiter

City

Florida

33458

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.

Lauren Kukkamaa

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	JUDY RUBBINS	263 8 th AVENUE SOUTH	<input type="checkbox"/> Add
		NAPLES, FL	<input checked="" type="checkbox"/> Remove
		34102	<input type="checkbox"/> Change
MGR	Lauren Kukkamaa	121 Inkberry Drive	<input checked="" type="checkbox"/> Add
		Jupiter, FL	<input type="checkbox"/> Remove
		33458	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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.

(b) The 90th day after the record is filed.

Dated

11/16/2018

_____/2018_____
 Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Lauren Kukkamaa

QODY RCB

Typed or printed name of signee

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Filing Fee: \$25.00

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