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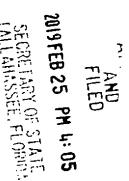
(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co					
Blue Wate	r Design + Build, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	· ·			
	Jeffrey A. Horstmeier				
		Name of Person	· · · · · · · · · · · · · · · · · · ·	-	
	Blue Water Design · Buil	d, LLC			
	148 Cedar Dunes Drive	Firm Company		- 2	
	New Smyrna Beach, Florid	Address la 32169		2019 FEB 25 PM 4: 05 SECRETARY OF STATE TALLAHASSEE, FLORESTALE	APPR FII
	jetf.bluewaierdesign@gmai	City/State and Zip Code Leom	1	5 PA	ED OVE
		to be used for future annual report notif	fication)	STAT STAT	
For further information (concerning this matter, please co	all:		्राप्त 🔾	
Jeffrey A. Horstmeier		386 234-0964 at ()			
Name o	of Person		e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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 Water Design + Build, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number 18000199309	ny were filed on August 20, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or th	te 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 registered agent and/or the new registered office address h	office address on our records, <u>en</u> e <u>re</u> :	APPROVEU APP
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nner v tortaa street address	
	, Florida	
	Cin	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

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>	Name	Address	Type of Action
AMBR	Jeffrey A. Horstmeier	148 Cedar Dunes Drive	
		New Smyrna Beach, Florida 32169	□ Remove
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ffective date, if other than t an effective date is listed, the date is dote: If the date inserted in this ocument's effective date on the	nust be specifie and block does not t	d cannot be prio meet the applic	r to date of filing o able statutory fi	r more than 90 days ling requirements	optional) after filing.) Pursu , this date will no	ant to 605.0; of be listed
e record specifies a delay The 90th day after the re	ed effective o ecord is filed.	date, but no	ot an effective	e time, at 12:0	01 a.m. on th	e earlier
ated February 19		. 2019	 •			
	<i>J.</i>			ive of a member		
	Wille	<u>~</u> /	در مید			

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Filing Fee: \$25.00