

L18000 199309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

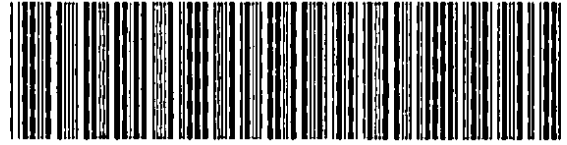
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600323906886

02/25/19--01020--001 **30.00

AND
FILED
2019 FEB 25 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
03/01/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Water Design + Build, 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:

Jeffrey A. Horstmeier

Name of Person

Blue Water Design + Build, LLC

Firm/Company

148 Cedar Dunes Drive

Address

New Smyrna Beach, Florida 32169

City/State and Zip Code

jeff.bluewaterdesign@gmail.com

E-mail address: (to be used for future annual report notification)

APPROVED
AND
FILED
2019 FEB 25 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jeffrey A. Horstmeier

386

234-0964

at (_____) _____

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

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>
AMBR	Jeffrey A. Horstmeier	148 Cedar Dunes Drive	<input checked="" type="checkbox"/> Add
		New Smyrna Beach, Florida 32169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APPROVED
AND
FILED
2009 FEB 25 PM 4:06
STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

APPROVED
AND
FILED

2019 FEB 25 PM 4:06
SECRETARY OF STATE
FALL LAKE, ILL.

F. 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 February 19 2019

William E. Conner

Signature of a member or authorized representative of a member

William E. Conner

Typed or printed name of signee