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COVER LETTER

	Registration Division of	n Section Corporations	
SUBJEC	T: BLUE	GRIFFIN TERRACE M, LLC	
00000		Name of Limited Liability Company	
The enclo	sed Articles	s of Amendment and fee(s) are submitted for filing.	
Please ret	urn all corre	espondence concerning this matter to the following:	
		M.J. Kopakin	
		Name of Person	
		Blue Sky Communities	
		Firm/Company	
		5300 W. Cypress Street, Suite 200	
		Address	
		Tampa, Florida 33607	
		City/State and Zip Code	
		mjkopakin@blueskycommunities.com E-mail address: (to be used for future annual report notification)	
For furthe	r informatic	on concerning this matter, please call:	
M.J. Kop	akin	at (813) 708-5446 me of Person Area Code Daytime Telephone Number	
	Nan	ne of Person Area Code Daytime Telephone Number	
Enclosed i	is a check fo	or the following amount:	
\$25.00) Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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 GRIFFIN TERRACE M, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited)	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L18000232171}{L18000232171}$.	ny were filed on 10/01/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company," the designation "LLC" or the abbreviation "L.L.C."
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 heres here	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

Zip Code

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	James Chadwick	5300 WEST CYPRESS STREET	Add
		SUITE 200	■ Remove
		TAMPA, FL 33607	Change
MGR	Scott Macdonald	5300 WEST CYPRESS STREET	Add
		SUITE 200	☐ Remove
		TAMPA, FL 33607	□ Change
			□ Remove
			Change
			Remove
			🗖 Change
		——————————————————————————————————————	☐ Add
			Remove
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(If an ef Note:	tive date, if othe fective date is listed, If the date inserte nent's effective da	the date must be sp ed in this block do	ecific and cannot book not meet the a	e prior to date of ti applicable statut	iling or more than 9	(optional) 0 days after filing.) ements, this date w	Pursuant to 605.0207 (2 ill not be listed as th
the re) The	cord specifies e 90th day afte	a delayed effe or the record is	ective date, bu s filed.	ut not an effe	ective time, at	: 12:01 a.m. o	n the earlier of:
Dated	July 18						
	SIM	~)~					
	<u> </u>	Signat	ure of a member o	r authorized repre	sentative of a men	ber	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00