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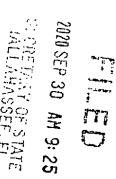
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COVER LETTER

TO: Registration Division of O	i Section Corporations	
	ter C & D. LLC.	•
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub-	omitted for filing.
Please return all corre	spondence concerning this matter	to the following:
	Kenneth A. Cullen II	
		Name of Person
	Bluewater C & D. LLC.	
		Firm/Company
	1609 Lindenwood DR	
		Address
	Panama City, Fl 32405	
		City/State and Zip Code
	h-mail address: (to be used for future annual report notification)
For further informatic	on concerning this matter, please c	all:
Kenneth A. Cuillen II		850 258-0827
Nam	ne of Person	at ()
Enclosed is a check for	or the following amount:	
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy radditional copy is enclosed) ☐ \$60.00 Filing Fee. Certified Copy radditional copy is enclosed
P.O. Box <i>6</i>	on Section f Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar	was it now appears on our records.)	
(A Florida Limited L	iability Company)	
	were filed on March 27, 2020	and assigned
florida document number 4 × × × × × × × × × × × × × × × × × ×		
er new mailing address, if applicable: Image: Applicable		
A. If amending name, enter the new name of the limited liabi	lity company here:	
the new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	r abbreviation "LA-C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2021
		28 m
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Mailing address MAY BE A POST OFFICE BOX)		The second secon
3. If amending the registered agent and/or registered office a	ddress on our records, enter the n	
ngent and/or the new registered office address here:		
Name of New Registered Agent:		
		·
New Registered Office Address:	Enter Florida street address	
	EHEF F IOFAA SIFECI GAAFESS	
	, Florida	
	City	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>	<u>Name</u>	Address	Type of Action
MGR	Celina L. Cullen	1609 Lindenwood Dr.	■Add
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ective date, if other than the reflective date is listed, the date must	date of filing: be specific and cannot t	ne prior to date of fi	Ting or more than 90	(optional) 2.3 Pursu	ant to 60	(5,0201
<u>te:</u> If the date inserted in this blo tument's effective date on the Do	ick does not meet the	applicable statut	ory filing requirem	ents, this dat	e will n	ot be lis	acd as
	•						
ecord specifies a delayed effective s filed.	date, but not an effec	ctive time, at 12:	01 a.m. on the earl	ier of: (b) = [he 90th	day afte	er the
September 24 ted	2020						
. 1.5.1		•					

Typed or printed name of signee