

L19000085567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

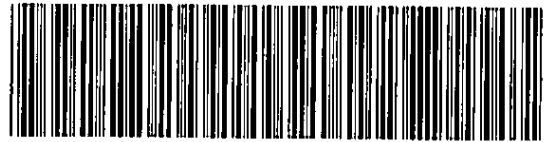
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Blue Tide Marine LLC

**SUBJECT:** \_\_\_\_\_  
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:

John O. Norman

\_\_\_\_\_  
Name of Person

Blue Tide Marine LLC

\_\_\_\_\_  
Firm/Company

6800 NW 44 Court

\_\_\_\_\_  
Address

Lauderhill/ Florida 33319

\_\_\_\_\_  
City/State and Zip Code

John.o.norman@gmail.com

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

For further information concerning this matter, please call:

John O. Norman

954

663-5141

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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2019

JOHN O NORMAN  
BLUE TIDE MARINE LLC  
6800 NW 44 COURT  
LAUDERHILL, FL 33319

SUBJECT: BLUE TIDE MARINE LLC  
Ref. Number: L19000085567

We have received your document for BLUE TIDE MARINE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 019A00015686

*removing Blue Tide Marine as Mgr  
but changing Rt  
Adding John Norman as Mgr*

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Blue Tide Marine 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 MARCH 28, 2019 and assigned Florida document number 419000085567

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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**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:

JOHN D. NORMAN

New Registered Office Address:

6800 NW 44 CT

Enter Florida street address

Lauderhill

City

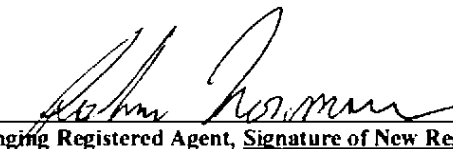
Florida

33319

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

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          | John O. Norman   | 6800 NW 44 Court<br>Lauderhill FL 33319 | <input checked="" type="checkbox"/> Add    |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |
| Mgr          | Blue Tide Marine |   | <input type="checkbox"/> Add               |
|              |                  |   | <input checked="" type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Change            |
|              |                  |   | <input type="checkbox"/> Add               |
|              |                  |   | <input type="checkbox"/> Remove            |
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|              |                  |   | <input type="checkbox"/> Add               |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |

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

Please update FEI/EIN number The number is 83-3734103

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

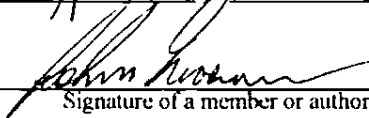
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

August 16, 2019



Signature of a member or authorized representative of a member

John O. Norman

Typed or printed name of signer