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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
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MAY 1 7 2019 S. YOUNG

COVER LETTER

DIV	ision of Corp	orations		
SUBJECT:	BLUEWAT	ER DOCK AND BOAT LIFT	S LLC	
Name of Limited Liability Company				
The enclosed	d Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		SPENCER TRAVIS CONI	RAD	
			Name of Person	
		BLUEWATER DOCK AN	D BOAT LIFTS LLC	
Firm/Company				
		10698 CD/V		
			Address	
		GROVELAND, FL 34736		
			City/State and Zip Code	
		SHERRIONEALPA@GMA		
		E-mail address: (t	o be used for future annual report notific	ration)
For further is	nformation co	ncerning this matter, please ca	11:	
SPENCER 1	TRAVIS CON	RAD	352 267-0312	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25,00 F	iling 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:

TO:

Registration Section

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

BLUEWATER DOCK AND BOAT	LIFTS LLC	
(Name of the Limited	Liability Company as it now appears on our rec Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Lia lorida document number L19000089019	bility Company were filed on 03/28/2019	and assigned
his amendment is submitted to amend the follow	ving:	
. If amending name, enter the new name of	he limited liability company here:	
ne new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	- W
nter new mailing address, if applicable:		F11.F
Mailing address MAY BE A POST OFFICE E		20
. If amending the registered agent and/o		ords, enter the name of the
egistered agent and/or the new registered off	ice address here:	·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street at	ddress
		, 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>	<u>Name</u>	Address	Type of Action
MGR	SPENCER TRAVIS CONRAD	6628 CAIVIN LEE Rd	
		GROVELAND, FL 34736	Remove
			🛱 Change
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change

D. If amending any other informati	S -(*)		· · ·
			<u></u>
			
			_
			
E. Effective date, if other than the constant of the constant	be specific and cannot be prior to date o ck does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to tutory filing requirements, this date will not be	o 605.0207 (3)(e listed as the
If the record specifies a delayed (b) The 90th day after the reco		ffective time, at 12:01 a.m. on the e	arlier of:
Dated MAY 3RD	2019		
Soone	trails Conve Signature of a member or authorized re	ad	
	signature of a member or authorized re	presentative of a member	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00