

L190000 99110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

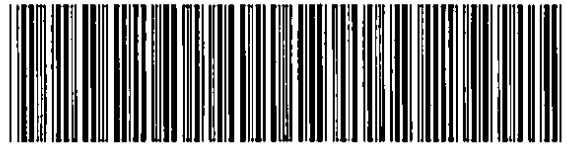
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUL 29 PM 16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLUE WAKE INTERNATIONAL 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:

EDGAR A. TORRES III

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

BLUE WAKE INTERNATIONAL LLC

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

3901 SW 109 AVE APT# C10

\_\_\_\_\_  
Address

MIAMI, FL. 33165

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

BLUEWAKEINT@GMAIL.COM

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

For further information concerning this matter, please call:

EDGAR A. TORRES III

305

905 - 4489

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2019

EDGAR A TORRES  
3901 SW 109 AVE APT C10  
MIAMI, FL 33165

SUBJECT: BLUE WAKE INTERNATIONAL LLC  
Ref. Number: L19000099110

We have received your document for BLUE WAKE INTERNATIONAL LLC and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please have a member or authorized representative sign the amendment.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 819A00014753

RECEIVED

2019 JUL 29 PM 2:26

FILED

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

01 JUL 29 P 05 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 1 of 3

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	EDGAR A. TORRES III	3901 SW 109 AVE APT# C10	<input type="checkbox"/> Add
		MIAMI, FL. 33165	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CHANGE OF TITLE OF REGISTERED AGENT/AUTHORIZED PERSON EDGAR A. TORRES III FROM MGR. TO AMBR.

IMMEDIATE

**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 JULY 3RD 2019

Signature of a member or authorized representative of a member

EDGAR A. TORRES III

Typed or printed name of signee