

h19 00013 1315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

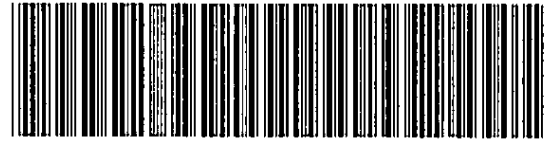
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALIAFERRO, NICHOLAS

PRUCE
AUG 14 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUBAY INTERNATIONAL SERVICES 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:

ANGEL ACOSTA

Name of Person

BLUBAY INTERNATIONAL SERVICES LLC

Firm/Company

2202 N WESTSHORE DR, STE 20

Address

TAMPA, FL 33607

City/State and Zip Code

ANGEL@BLUBAYREALTY.COM

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

For further information concerning this matter, please call:

ANGEL ACOSTA

Name of Person

at

(727)

Area Code

207-8722

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
TALLAHASSEE
DIVISION OF CORPORATIONS
AUG 3 2021

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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>
MGR	MARIALEANDRA KANDUTSCH	2202 N WESTSHORE FL, STE 200	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHANY ARANA	2202 N WESTSHORE FL, STE 200	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

2011 AUG 27
SFC JAMES
WALLACE

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ST. LOUIS, MO
MAIL ROOM

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 filed 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

5/2/2021

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

ANGEL ACOSTA

Typed or printed name of signee