

L19 000 217 015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

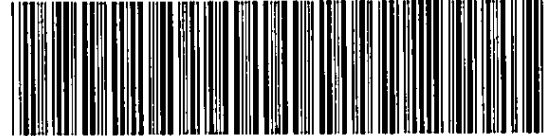
(Document Number)

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2020 FEB 20 AM 9:52  
STATE  
TALLAHASSEE FL

O SIMMONS  
FEB 21 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2020

RICHARD ROCCANTI  
2014 EDGEWATER DR, STE 216  
ORLANDO, FL 32804

SUBJECT: BLUE WATER APPAREL, LLC  
Ref. Number: L19000217015

We have received your document for BLUE WATER APPAREL, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 320A00003212

2020 FEB 20 PM 5:42

RECEIVED

ATTN: Octavia Simmons

Miss Simmons,

We somehow lost our check in transit.

Please see enclosed check, No 1004 for \$25.00.

We have been waiting almost 2 mos.

www.sunbiz.org

Thank you, H.N. Hare

Any Questions  
Call 949.2178  
For

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Water Apparel 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:

Richard Roccanti

Name of Person

Blue Water Apparel LLC

Firm/Company

2014 Edgewater Dr. - Suite 216

Address

Orlando, Florida 32804

City/State and Zip Code

*roccanti@yahoo.com*

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

For further information concerning this matter, please call:

*Richard Roccanti*

Name of Person

at (850) 228-9931

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 Address:**

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

RECEIVED  
JAN 17 2020

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

Blue Water Apparel 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 08/26/2019 and assigned  
Florida document number 19000217015.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Blue Water Sales Group LLC

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:**

Please see attached

**(Principal office address MUST BE A STREET ADDRESS)**

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

Please See Attached

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

**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:

New Registered Office Address:

*Enter Florida street address*

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**

11 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	Henry Hall	1816 Fairview Shores Dr.	<input checked="" type="checkbox"/> Add
		Orlando, Fl. 3280 4	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richard Roccanti	14434 Pine Cone Trail	<input checked="" type="checkbox"/> Add
		Clermont< Fl. 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Victor Lacone	776 S. Lake Claire Circle	<input checked="" type="checkbox"/> Add
		Oviedo, Florida	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Krisztina Hall	1816 Fairview Shores Dr.	<input checked="" type="checkbox"/> Add
		Orlando, Fl. 3280 4	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**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.

Dated

1/14/2020

Signature of a member

Signature of a member or authorized representative of a member

Richard Rocanti

Typed or printed name of signee