h190000225900

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200396238872

10/24/22--01020--008 **20.00



A. BUTLER

JAN 17 2023

COVER LETTER

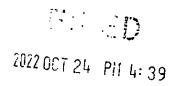
TO: Registration S Division of Co					
BLUE DO	LPHIN POOL SERVICES OF	NE FLORIDA LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ETHAN KEVIN CASPER				
		Name of Person			
	BLUE DOLPHIN POOL S	SERVICES OF NE FLORIDA LI	.C		
		Firm/Company			
	3719 LONE EAGLE RD				
	***************************************	Address			
	JACKSONVILLE FLORIDA 32557				
		City/State and Zip Code			
	maliafloraldesign@gmail.co				
	E-mail address: (to be used for future annual report no	etification)		
For further information	concerning this matter, please of	all;			
ETHAN CASPER		904 5534408 at ()			
Name	of Person		me Telephone Number		
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[] \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration		Street Address: Registration S	ection		
Division of (Division of Co			
P.O. Box 633		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BLUE DOLPHIN POOL SERVICES OF NE FLORIDA 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 10/12/2022 and assigned	:d	
Florida document number 1.19000225900			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	. 	
Enter new principal offices address, if applicable:	3719 LONE EAGLE RD		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE FLORIDA		
	32557		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new re</u>	gistere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida	<u>. </u>	

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JENNIFER JONES	7030 BEECHFERN LN S	
		JACKSONVILLE FLORIDA 32244	≣Remove
		·	□Change
MGR	ETHAN KEVIN CASPER	3719 LONE EAGLE RD	≅Add
		JACKSONVILLE FLORIDA 32557	□Remove
			□Change
			□Add
			□Remove
			Change
			Ddd
			□Remove
			□Change
			□Add
			□ Remove
		 	□Change
			□Add
			□Remove

□Change

			· · · · · · · · · · · · · · ·		
					
				· · · · · · · · · · · · · · · · · · ·	
					
		· · · · · · · · · · · · · · · · · · ·			
					_
	.				
					
					
	ate, if other than the	e date of filing: ist be specific and cannot lock does not meet the	applicable statutory f	or more than 90 days after iling requirements, this	o nai) tiling.) Pursuant to 605.020 date will not be listed a:
n effective ite: If the	date inserted in this b effective date on the D	repartment of State's r			
n effective te: If the cument's cord spec	date inserted in this b effective date on the D			m, on the earlier of: (b)	The 90th day after the
n effective ote: If the cument's ecord spec is filed.	date inserted in this beeffective date on the Deffective date on the Deffective a delayed effective	ve date, but not an effe	ective time, at 12:01 a.		The 90th day after the
in effective ote: If the cument's	date inserted in this beeffective date on the Deffective date on the Deffective a delayed effective		ective time, at 12:01 a.		The 90th day after the