

W19000225900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

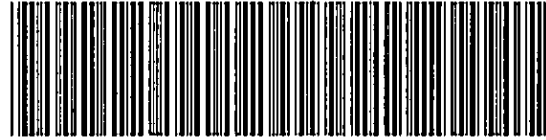
(Business Entity Name)

(Document Number)

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10/24/22--01020--008 **30.00

2022 OCT 24 PM 4:38
STATE
RECORD

A. BUTLER

JAN 17 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE DOLPHIN POOL SERVICES OF NE FLORIDA 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:

ETHAN KEVIN CASPER
Name of Person

BLUE DOLPHIN POOL SERVICES OF NE FLORIDA LLC
Firm/Company

3719 LONE EAGLE RD
Address

JACKSONVILLE FLORIDA 32557
City/State and Zip Code

maliafloraldesign@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ETHAN CASPER at (904) 5534408
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FILED
2022 OCT 24 PM 4:39
STATE

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 Florida document number L19000225900.

This amendment is submitted to amend the following:

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

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:

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 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

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	JENNIFER JONES	7030 BEECHFERN LN S	<input type="checkbox"/> Add
		JACKSONVILLE FLORIDA 32244	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ETHAN KEVIN CASPER	3719 LONE EAGLE RD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FLORIDA 32557	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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