L200000 49687

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COVER LETTER

TO: Registration Section Division of Corporation	15			
SUBJECT: Blue	Solf Name of Limit	Town Vo	vies, U	Ċ
The enclosed Articles of Amendn	nent and fee(s) are subm	nitted for filing.		
Please return all correspondence of	concerning this matter to	the following:		
 	Sasha	Name of Person	t burn	tsg.
	COST BUE	Firm/Company		
5	365 E.	Co Hw	y 30-	A Unit 10°
	anta To	City/State and Zip Coc EAST be used for future annu	BURN	LAW. COM
For forther information appearin			a report normeanon)	
For further information concernin Name of Person	SHOWN	at (SSC) Area Code	Daytime Telepho	333) one Number
Enclosed is a check for the follow	ing amount:			
	0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is o		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street	Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Blue Gulf Town	homes L	LC 3 T
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L</u> 2000049687		2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	₹•
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16400 Bus	iness Hwy 33/So
(Principal office address MUST BE A STREET ADDRESS)	Suite Ba	上 # 268
	Freeport,	FL 32439
Enter new mailing address, if applicable:	16400 Bu	siness Hwy 3315
(Mailing address MAY BE A POST OFFICE BOX)	Free por	2 #268 +, FL 32439
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	г.р (жи
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Change
		 	□Add
			□Change
			□Add
		-	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			⊡Add
			□Remove
			□ Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effect Note: I	re date, if other than the date of filing:
e record rd is file	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 d.
Dated _	Harch 9 2000.
	Signature of a member or authorized representative of a member
	Micole L. Snith, Auth. Rep. Fastburn/austi

Filing Fee: \$25.00