## 120 000091060

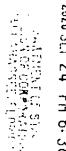
| (Requestor's Name)                      |
|---|
|   |
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Addiess)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|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

Office Use Only



800351101158

09/24/20--01024--012 \*\*25.00



OCT 3 0 2020 S. YOUN.

## **COVER LETTER**

TO:

Registration Section

| Division of Co                        | rporations                                   | ŧ  |   |  |  |
|---------------------------------------|--|--|---|--|--|
| ean recyr                             |  | ment & Consulting Group LLC                                      |   |  |  |
| SUBJECT:                              | Name of Lim                                  | ited Liability Company   |   |  |  |
| The enclosed Articles of              | Amendment and fee(s) are sub                 | unitted for filing   |   |  |  |
|                                       |  |  |   |  |  |
| Please return all correspo            | ondence concerning this matter               | to the following:  |   |  |  |
|                                       |  | Joseph C. Copeland   |   |  |  |
|                                       | Name of Person                               |  |   |  |  |
|                                       | BlueWate                                     | r Management & Consulting Grou                                   | ip LLC  |  |  |
| Firm/Company                          |  |  |   |  |  |
| 467 Saddlebrook Lane                  |  |  |   |  |  |
|                                       |  | Address  |   |  |  |
|                                       |  | Naples, FL 34110   |   |  |  |
|                                       |  | City/State and Zip Code  |   |  |  |
|                                       |  | oeland@315@icloud.com  |   |  |  |
|                                       |  | to be used for future annual report no                           | (ification)   |  |  |
| For further information of            | oncerning this matter, please c              | all:   |   |  |  |
| Joseph C Copeland                     |  | 317 509-1075<br>at ()  |   |  |  |
| Name c                                | of Person                                    | Area Code Dayti  | me Telephone Number   |  |  |
| Enclosed is a check for t             | _  |  |   |  |  |
| \$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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| Mailing Address: Registration Section |  | Street Address:<br>Registration S                                |   |  |  |
| Division of C<br>P.O. Box 632         |  |  | Division of Corporations The Centre of Tallahassee  |  |  |
| Tallahassee.                          |  |  | oe Street, Suite 810  |  |  |

Tallahassee, FL 32303

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

| BlueWater Management & C  | onsulting Group LLC                           |   |  |
|---|---|---|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on<br>liability Company) |   |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000091060</u> .       | were filed on                                 | 09/21/2020 33 and assigned                |  |
| This amendment is submitted to amend the following:   |   | ₩ <b>3</b>                                |  |
| 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 Liabil  | lity Company," the design                     | eation "LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:   | 2852 Wild Orchid C                            | Court Naples, FL 34119                    |  |
| (Principal office address MUST BE A STREET ADDRESS)   |   |   |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                | 2852 Wild Orehid C                            | Court Naples, FL 34119                    |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our recor                          | ds, enter the name of the new registered  |  |
| 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> | Address     | Type of Action |
|--------------|-------------|-------------|----------------|
|              |             |             | □ Add          |
|              |             |             | □Remove        |
|              |             |             | □Change        |
|              |             |             |                |
|              |             | <u> </u>    | □Remove        |
|              |             |             | □Change        |
|              |             |             |                |
|              |             |             | □Remove        |
|              |             | <del></del> | □Change        |
| <u>.</u>     | <del></del> | -           | □Add           |
|              |             |             | □Remove        |
|              |             |             | □Change        |
|              |             |             |                |
|              |             |             | □Remove        |
|              |             |             | Change         |
|              |             |             | □Add           |
|              |             |             | □Remove        |
|              |             |             | D.O.           |

| ective              | late, if other than the date of filing:(optional) cate 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. | 020   |
|---------------------|--|-------|
| <u>te:</u> If t     | e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste  | ed as |
| :ument              | effective date on the Department of State's records.   |       |
|                     |  |       |
| cora sp<br>s filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after   | : the |
|                     |  |       |
| ted                 | Signature of a member or authorized representative of a member   |       |
| _                   |  |       |
|                     | 2/30 C Cycl  |       |
|                     | Signature of a member or authorized representative of a member   |       |
|                     | JOSEPH C COFELMUD  |       |
|                     |  |       |

Filing Fee: \$25.00