

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000016023 3)))



H240000160233ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCEANBLU HOLDINGS LLC



Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JAN 12 2024 T. LEMIEUX

COVER LETTER

ction porations		
BLU HOLDINGS LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
JANINE SKIPPER		
	Name of Person	
CONTRACTORS R	· · · · · · · · · · · · · · · · · · ·	
	Firm/Company	
23110 SR 54 PMB 3	336	
	Address	
LUTZ, FL 33549		
	City/State and Zip Code	
info@activatemylicer	1Se.com	cation)
	·	
	813 932-5244	
Person	Area Code Daytime	Telephone Number
e following amount:		
☐ \$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)
	Street Address:	tion
	Amendment and fee(s) are subsidence concerning this matter LUTZ, FL 33549 info@activatemylicer E-mail address: (concerning this matter) Person if Person Signature amount: \$\Begin{array}{c} \$30.00 & \text{Filing Fee & Certificate of Status} \end{array}\$	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: JANINE SKIPPER Name of Person CONTRACTORS REPORTING SERVICE INC Firm/Company 23110 SR 54 PMB 336 Address LUTZ, FL 33549 City/State and Zip Code info@activatemylicense.com E-mail address: (to be used for future annual report notificencerning this matter, please call: Person 813 932-5244 Area Code Daytime ce following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status 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

23 3)))

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

Florida document number L.20000339926 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OCEANBLU DESIGN BUILD LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi	and assigned
Florida document number L.20000339926 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OCEANBLU DESIGN BUILD LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi	-
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi	Fatian SE L C 2
OCEANBLU DESIGN BUILD LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi Enter new principal offices address, if applicable:	farious I I C.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi	iotion "F. L. C. "
Enter new principal offices address, if applicable:	lation of 1 (12)
Enter new principal offices address, if applicable:	MOH L.I.C.
(D. C. C. C. ACTION DE ACONDERS ADDRESSES	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	, ~1
B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	;
Name of New Registered Agent:	<u></u>
New Registered Office Address: Enter Florida street address	
	-
Florida ————————————————————————————	Zip Code
	•

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply 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.

From: Janine Skipper

Fax: 18139325244

Ta: Div of Corps -LLC

Fax: (850) 617-6383

Page: 4 of 5

01/11/2024 1:40 PM

23 3)))

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
PRES	GREGORY RICHARD HERSEY	10887 UEMERTON RD	_\ Add
		LARGO, FL 33778	□Remove
			Change
AR	ABIGAIL L HERSEY	1400 REBECCA CT	
		LARGO, FL 33774	≣ Remove
			□Change
VP	ABIGAIL L HERSEY	10887 ULMERTON RD	■Add
		LARGO, FL 33778	□ Remove
			□Change
		7/8700, \$111.0. \$2,000.00	🗆 🖂 dd
			□Remove
			□ Change
			□Add
			Remove
			Change
			DAdd
			□ Remove
			□Change

			_
		···	
			_
			_
			_
			_
	74.4m.*nde		
			-
			_
	10-1881-18-1		_
			_
			-
			_
	,		_
			_
			-
F Cons	tive data if other than the data of filings	(madamad)	
(If an cf	five date, if other than the date of filing: fective date is listed, the date must be specific and cannot be profit the date inserted in this block does not meet the appoint's effective date on the Department of State's reconnection.	rior to date of filing or more than 90 days after filing.) Pursuant to 60 plicable statutory filing requirements, this date will not be lis	5.0207 (3) ted as the
the recordis fi	rd specifies a delayed effective date, but not an effectiv fled.	re time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
Dated	1/10/2024		
Land	1/10/2024	outhorized representative of a member	

Typed or printed name of signee