L21000018808

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COVER LETTER

TO:

Registration Section
Division of Corporations

BLUEWA'	ΓER CHAIRS HOLDINGS LL	С		
SUBJECT:	Name of Lim	ited Liability Company	 -	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Lisa C King			
Name of Person				
	Haagenson & Haagenson,			
		Firm/Company		
Fort Lauderdale, FL 33316				
				
	lk@haagensonlaw.com			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please ca	all:		
Lisa C King		954 463-1331 at ()		
Name of Person		Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations		Street Address: Registration Se Division of Co		
P.O. Box 632		The Centre of Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bluewater Chairs Holdings LLC, a F		• •	
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears .iability Company)	on our records.)
The Articles of Organization for this Limited Lia Florida document number L21000018808	bility Company	were filed on 1/06	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2816 SW 3rd Ave	enue
Principal office address MUST BE A STREET ADDRESS)		Fort Lauderdale,	FL 33315
Enter new mailing address, if applicable:	.0.20		
Mailing address MAY BE A POST OFFICE B	<u>()()</u>		
B. If amending the registered agent and/or re agent and/or the new registered office address	~	address on our rec	cords, enter the name of the new regist
Name of New Registered Agent:	Haagenson & Haagenson, P.A.		
New Registered Office Address:	300 SE 19th St	reet	
		Enter Florid	la street address
	Fort Lauderdale	e	Florida 33316
		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, <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	Seann R. Pavlik	2816 SW 3rd Ave, Ft. Lauderdale, FL 33315	■Add
			□Remove
			□Change
			🗆 Add
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E. Estect	ive date, if other than	the date of filing:	ay 9, 2024		(optional)	
NOIC:	Tective date is listed, the date If the date inserted in thi nent's effective date on th	s block does not meet t	he applicable stati	filing or more than 90 utory filing requirem	days after filing.) Pursuan eents, this date will not	to 605.0207 (3 XE be listed as the
If the recor	rd specifies a delayed effe lled.	ctive date, but not an ef	ffective time, at 12	2:01 a.m. on the earl	ier of: (b) The 90th da	y after the
Dated	May 9	20	24			
Dated		, -	·			
		Signature of a member	er or authorized rene	esentative of a member		
	Seann R. Pavlik	organical VI a michiga	or unanomized (cp)	Cacatactive of a membe	4	
	Seam K. Paviik	Турс	d or printed name o	signee		

Filing Fee: \$25.00