121000097630

(Re	equestor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
☐ PICK-UP	WAIT MAIL
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2022 JUN 24 PH 1: 38
SECRETARY OF STATE

A. BUTLER
SEP 17 2022

COVER LETTER

TO:

Tallahassee, FL 32314

	ration Sect n of Corpo		,	•
	UE REEF	HOLDINGS LLC	*	•
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are subr	nitted for filing.	
		dence concerning this matter t		
		Connor Meckley		
		<u></u>	Name of Person	
		Blue	Reef Holding	SLLC
			Firm/Company	
		560 Bay Isles Rd STE #845	55	
			Address	
		Longboat Key, FL 34228		
			City/State and Zip Code	
		bluereefdevelopments@gma		
		E-mail address: (t	to be used for future annual report not	ification)
For further info	rmation co	ncerning this matter, please ca	all:	
Connor Meckle	·y		813 358-7914	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
	1.6	6.11		
Enclosed is a cr	neck for the	following amount:		□ A : 0 00 PW P
■ \$25.00 Fili	ng Fee	☐ \$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)
Mailir	<u>ıg Address</u>		Street Address:	
	stration S		Registration S	
Divis	ion of Co	orporations	Division of Co	
P.O.	Box 6327	7	The Centre of	Tananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 24 PM 1: 38

BLUE REEF HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.) OF SYATE (A Florida Limited Liability Company)

TALLARASSES, FL

The Articles of Organization for this Limited Liability Com		and assigned
Florida document number L21000097630		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our records, enter t	he name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registers Office (Names).	Enter Florida street address	
	, Flor	rida Zip Code
	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 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>	Type of Action
MGR	David Meckley	560 BAY ISLES RD, SUITE #8455	= Add
		LONGBOAT KEY, FL 34228	□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□ Add
			🗆 Remove
			Change
			□Add
			Remove
			□Change
			□Remove
			Change

effect <u>e:</u> If	e date, if other than the date of filing:
ord s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to be a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to be a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)
ed	June 20th 2022.
	Compa Mode
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00