# L21000180240

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Blue Water	Lagoon, LLC				
SUBJECT:  Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Amy Owen				
		Name of Person	<u> </u>		
	Homrich Berg				
		Firm/Company			
	3835 PGA Blvd, Suite 30	7			
		Address			
	Palm Beach Gardens, FL	33410			
		City/State and Zip Code			
	amy.owen@homrichberg.e	om to be used for future annual report noti	tiontion t		
Ear further information a			reactory		
For turther information c	oncerning this matter, please c				
Amy Owen		561 532-2742 at () Daytim			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
☐ \$25.00 Filing 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		
Mailing Addres	is:	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

2023 007 12 AM 7: 16

Blue Water Lagoon, LLC  (Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)
(A Florida Limited	гланицу Сотранут
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000180240</u>	were filed on 04/26/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
	4 Aster Terrace
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Key West, FL 33040
The state of the s	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new reg
agent arready was a second and a	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

#### 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	Sandra Henderson	4 Aster Terrace	🗏 Add
		Key West, FL 33040	□Remove
			Change
MGR Stefan J. Cunco	3835 PGA Blvd		
		Suite 307	□Remove
		Palm Beach Gardens, FL 33410	<b>≡</b> Change
		□∧dd	
			□Remove
			□Change
		<u> </u>	□Add
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ffeet	ive date, if other than the date of filing: (optional)
f an ef) <u>Note:</u>	ective date 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	October 2 . 2023.
	Signature of a member or authorized representative of a member
	Amy Owen

Page 3 of 3

Filing Fee: \$25.00