

L21000252319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

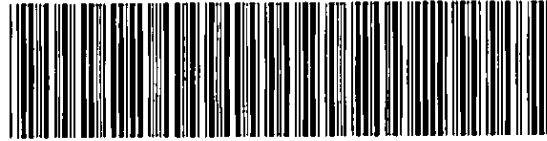
(Business Entity Name)

(Document Number)

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07/19/21--01002--005 \*\*100.00



SECRETARY OF THE  
TREASURY  
CHASSEL FLOW

2021 JUL 16 PM 4:21

2021 JUL 16 AM 9:50

RECEIVED

PAID

Amend

JUL 19 2021  
ALBRIGHTON

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**WALK IN**

**PICK UP:** 7/16 DANNY

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** LLC AMEND \_\_\_\_\_

- 1. BLU MAR HOSPITALITY, LLC  
(CORPORATE NAME AND DOCUMENT #)
- 2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

FILED  
2021 JUL 16 AM 9:50

BLU MAR HOSPITALITY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/01/2021 and assigned  
Florida document number L21000252319.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

12620 MUIRFIELD BLVD S

**(Principal office address MUST BE A STREET ADDRESS)**

JACKSONVILLE, FL 32225

**Enter new mailing address, if applicable:**

12620 MUIRFIELD BLVD S

**(Mailing address MAY BE A POST OFFICE BOX)**

JACKSONVILLE, FL 32225

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	FADI ABOU ASSI	4474 WESTON ROAD, SUITE 183	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN ABOU ASSI	4474 WESTON ROAD, SUITE 183	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAJD ALNASR	12620 MUIRFIELD BLVD S	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**