121000500900

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
APR - 1 2024	
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COVER LETTER

Registration Section TO: Division of Corporations

Blueride M SUBJECT:	farine, LLC		>+
5000cc1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Adam J. Silverman, Esq.		
		Name of Person	
	Silverman Schermer, PLLO	С	
		Firm/Company	
	100 S.E. 3rd Avenue, Suite	e 1850	
		Address	
	Fort Lauderdale, FL 33394	1	
		City/State and Zip Code	
	adam@silvermanschermer.		
	E-mail address: (to be used for future annual report r	otification)
For further information	concerning this matter, please c	all:	
Adam J. Silverman		954 314-4000 at ()	
Name	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



February 19, 2024

ADAM J. SILVERMAN, ESQ. 100 S.E. 3RD AVENUE SUITE 1850 FORT LAUDERDALE, FL 33394 US

SUBJECT: BLUERIDE MARINE LLC

Ref. Number: L21000500900

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 924A00003641

Jasmine N Horne Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stapp Milion Milion May 6: 111

Blueride Marine, 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 Novel	and assigned
Florida document number L21000500900	<u></u>		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
77			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	100 S.E. 3rd Avenu	ie, Suite 1850
(Principal office address MUST BE A STREET ADDRESS)		Fort Lauderdale, FI	_ 33394
Enter new mailing address, if applicable:		100 S.E. 3rd Avenu	ne, Suite 1850
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderdale, FL	. 33394
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:	Adam J. Silven	man, Esq.	
New Registered Office Address:	100 S.E. 3rd A	venue, Suite 1850	
_	Enter Florida street address		
	Fort Lauderdale	e	, Florida 33394
	 	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>	Address	Type of Action
			□Add
			[]Change
			□Add
		□Remove	
			□Change
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			Change

				
				
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ffective date, if other than the d	late of filing:		(optional)	
an effective date is listed, the date must live: If the date inserted in this block.	be specific and cannot be prior	r to date of filing or mon	e than 90 days after filing	.) Pursuant to 605.0207
locument's effective date on the Dep			requirements, this date	will flot be fisted as
record specifies a delayed effective d is filed.	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	ne 90th day after the
	2022			
May 8	1	·		
Dated May 8	, 2023	 ·		
Dated May 8	Signature of a member or auth	orized representative of	f a member	