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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

TO:	Registr Division	ation Sec 1 of Corp	tion orations			
SUBJEC	BL	UE WAT	ER REAL ESTATE MANA	GEMENT LLC		
30122	· · · · · · · · · · · · · · · · · · ·		Name of Lin	nited Liability Company		
The enclo	sed Art	icles of A	mendment and fee(s) are su	bmitted for filing.		
			dence concerning this matter			
	Austin Pennington					2022 JUL 29
				Name of Person		
			BLUE WATER REAL ES	TATE MANAGEMENT I.I	LC	+ 11 T
				Firm/Company		
			2002 E 5TH AVE 108			8: 00
				Address	<u> </u>	•
			TAMPA, FL 33605			
			ap@aprcalestatecompany.c	City/State and Zip Code		<u> </u>
				to be used for future annual rep	Ort notification)	
For furthe	r inform	ation con	cerning this matter, please c		or nouncation)	
Austin Per	nningtor	ו		813 629-0	997	
Name of Person			Daytime Telephon	ne Number		
Enclosed i	s a chec	k for the	following amount:			
≣ \$25.00	) Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	xd)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	egistra livision .O. Bo	Address: ation Sec of Cor x 6327 ssee, FL	porations	The Centre 2415 N. M		ee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE WATER REAL ESTATE MANAGEMENT LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
he Articles of Organization for this Limited Liability Company were filed on 11/3	30/2021 and assigned
orida document number L21000508015	and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company her	ne:
the new name must be distinguishable and contain the words "Limited Liability Company," the des	cionation W.I.(22 and all all all all all all all all all al
nter new principal offices address, if applicable:	signation LL.C. or the appreviation "L.L.C."
rincipal office address MUST BE A STREET ADDRESS)	C9
	75 D
	2 2
iter new mailing address, if applicable:	29 F
failing address MAY BE A POST OFFICE BOX)	
	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
If amending the registered agent and/or registered office address on our recent and/or the new registered office address here:	cords, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	a street address

## 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.

City

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>	Name	Address	Type of Action
MGR	CARLETTA CLYATT	2002 E 5TH AVE UNIT 108 TAMPA FL 33605	≣Add
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If an effective date is Note: If the date	f other than the of listed, the date must inserted in this blo ive date on the De	date of filing: be specific and ca ck does not mee	i ine applicabi	date of filing or le statutory fil	more than 90 da ng requiremer	(optional) ys after filing its, this date	\ 1\	unt to 605 tt be list	5.0207 ( ed as t
e record specifies and is filed.	a delayed effective	date, but not an	effective time	e, at 12:01 a.m	. on the earlier	of: (b) Th	ie 90th	day afte	r the
Dated									
	- // 5	gnature of a men	ber or authoriz	ed representativ	e of a member				
		7							

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