

L21000508015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

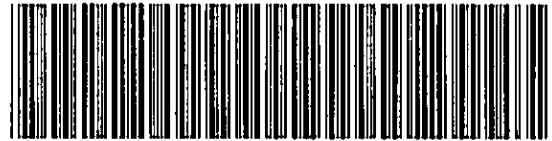
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Signature]



400398124884

12/06/22--01003--001 **25.00

RECEIVED
DIVISION OF CORPORATE AFFAIRS
22 NOV 28 PM 3:43



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 NOV 28 PM 1:58

October 20, 2022

AUSTIN PENNINGTON
2002 E 5TH AVE
108
TAMPA, FL 33605

SUBJECT: BLUE WATER REAL ESTATE MANAGEMENT LLC
Ref. Number: L21000508015

We have received your document for BLUE WATER REAL ESTATE MANAGEMENT LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Michael A Hall
OPS Clerk

Letter Number: 222A00023603

22 NOV 28 PM 3:43
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: BLUE WATER REAL ESTATE MANAGEMENT LLC
Name of Limited Liability Company

2022 JUL 29 AM 7:51

S. TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Austin Pennington

Name of Person

BLUE WATER REAL ESTATE MANAGEMENT LLC

Firm/Company

2002 E 5TH AVE 108

Address

TAMPA, FL 33605

City/State and Zip Code

ap@aprealestatecompany.com

E-mail address: (to be used for future annual report notification)

22 NOV 28 PM 3:43
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Austin Pennington

813 629-0997
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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

BLUE WATER REAL ESTATE MANAGEMENT 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 11/30/2021 and assigned Florida document number 1.21000508015.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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	CARLETTA CLYATT	2002 E 5TH AVE UNIT 108 TAMPA FL 33605	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 NOV 2008 PM 3:43
DIVISION OF CONSUMER PROTECTION
TAMPA, FLORIDA

DIVISION OF COMPENSATION
22 NOV 28 PM 3:43

U.S. DEPARTMENT OF STATE
DIVISION OF INFORMATION
22 NOV 28 PM 3:43

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7/26/2022

Signature of a member

Signature of a member or authorized representative of a member

AUSTIN PENNINGTON

Typed or printed name of signee