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COVER LETTER

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SUBJECT:	Blue Water R	teal Estate Management		
SUBJECT: _		Name of Limit	ted Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are subr	nitted for filing	
Please return a	ll correspond	dence concerning this matter t	o the following:	
		Austin Pennington		
			Name of Person	
		Blue Water Real Estate Ma	nagement	
			Firm/Company	
		2002 5th Ave unit 108		
			Address	
		Tamnpa Fl 33605		
			City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
		ap@aprealestatecompany.co		
-		E-mail address: (to	o be used for future annual report notif	fication)
For further info	ormation con	cerning this matter, please ca	II:	
Austin Pennin	gton		813 6290997	
Name of Person		at () Area Code Daytime	e Telephone Number	
Enclosed is a c	heck for the	following amount:		
≘ \$25.00 Fili	ing 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)
<u>Mailii</u>	ng Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

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		.)
(<u>Name of the Limited L</u> (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)	1 (2)
The Articles of Organization for this Limited Liabil	ity Company were filed on 11/30/2021	and assigned
Florida document number 1.21000508015		
his amendment is submitted to amend the following	g:	
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" of	or the abbreviation "IL.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or registagent and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Flor	ida 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
MGR	Carletta Clyatt	2002 E 5th Ave unit 108 Tampa Fl 33605	□Add
			Remove
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Effect	ive date, if other than the date of filing:(option	al)	
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