L22000085144

(Re	questor's Name)	
(Ad	dress)	
(44)	dress)	
(/ 14	uic33)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	J. HORI	NE
	MAR 2 1	2022

Office Use Only



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03/10/22--01010--011 **25.00



COVER LETTER

fO: Registration Sec Division of Cor			
SUBJECT:	Mee. COUST Press Name of Limi	ited Liability Company	Sealing Luc
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	michael	Allyed Name of Person	
	. ,,	Firm/Company	
	3149 Blue	Horizon Ct Address	
	merritt Islam	City/State and Zip Code	
		51 P UOLVOO , COM to be ased for future annual report notif	
For further information co	oncerning this matter, please ca	all:	
Michael Al	1\red Person	at (321) (009 - (- Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

FILED

Sonce Coast Deassive V	, wich's	a diamer Section II	2022 MAR 10 AM 11: 1
Space Coast Pressure V (Name of the Limited Liability (A Florida L.	Company a Limited Liab	it now appears on our records.)	SECRETARY OF STALL AHASSEE, FILE
The Articles of Organization for this Limited Liability Cor			
Florida document number L22000085144	_•	,	-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability	y company here:	
Blue water Wash & Seal LL	ر ر		
The new name must be distinguishable and contain the words "Limite	ed Liability (Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	3149 Blue Horiza	n Ct
(Principal office address MUST BE A STREET ADDRE	<u> </u>	Merrit Island, Fl	. 32952
	-		
Enter new mailing address, if applicable:		Same as o	have-
(Mailing address MAY BE A POST OFFICE BOX)	_	30010 45	(8000
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office add	ress on our records, enter the i	name of the new registered
New Registered Office Address:	NIV	Enter Florida street address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	•	•
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete pei ent as pro	rformance of my duties, and I d vided for in Chapter 605, F.S.	nm familiar with and Or, if this document is
		NA	
	If Changin	g Registered Agent, Signature of New	Registered Agent

7.

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
			□ Remove
			□Change
			□Add
		- 	□ Remove
			□Change
		□Add	
			Remove
			□Change
		□Add	
			□ Remove
			□Change
		□Add	
		□Remove	
			□Change
		🗆 Add	
			□ Remove
			□ Change

. II amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: I	tive date, if other than the date of filing:
the record ford is file	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 d.
Dated_	march 6 . 2022.
	Signature of a member or authorized representative of a member
	Michael Allred Typed or printed name of signee