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(F	Requestor's Name)	
A)	address)	
<u> </u>	address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
([Pocument Number)	
Certified Copies	Certificates of State	us
Special Instructions to	o Filing Officer;	
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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
Bleu Haver	LLC				
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter	•			
·		-			
	Loretta Burn				
		Name of Person	, <u>-</u>	-	
	Bleu Haven LLC				
		Firm/Company		202	
	308 S OLD COUNTY RD	Suite B		2022 MAR 19 SECRETAL	T
		Address	•	215 215	1
	Edgewater, FL 32121			4_	المستار م الم
		City/State and Zip Code		PH 3: 04 OF STATE	
	lorettaburn@me.com		<u>. </u>	E P	
		to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	all:			
Loretta Burn		386 690-8888 at ()			
Name o	f Person		Telephone Numbe	г	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addres Registration S	Section	Street Address: Registration Sec			
Division of C P.O. Box 632	-	Division of Corp The Centre of T			
Tallahassee. l		2415 N. Monroe		310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bleu Haven 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 25 FEB 2022 and assigned Florida document number 1.22000100158 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HAVEN WATERFRONT REAL ESTATE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 1 (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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
		-	SE Change
			SS OF BERMOYE STATE Change
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ective date, if other than the date of filing:			(optional)	
effective date is listed, the date must be specific and cannot	be prior to date of fili	ng or more than 90 d	ays after filing.)	Pursuant to 605.0
e: If the date inserted in this block does not meet the ument's effective date on the Department of State's	e applicable statuto records.	ry ming requireme	ms, ms hate w	an not be used
cord specifies a delayed effective date, but not an effe	ective time, at 12:0	l a.m. on the earlie	r of: (b) The	90th day after t
s filed.				
12 MARCH 2022				
ed				
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