

L22 000221244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

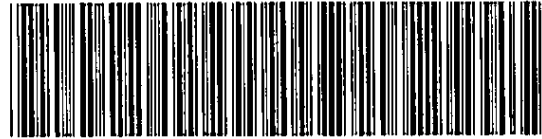
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE OCEAN PARALEGAL SERVICES, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

TINA VIERENGEL

Name of Person

Firm/Company

2140 WHITE PINE CIRCLE, UNIT A

Address

GREENACRES, FL 33415

City/State and Zip Code

Tina@blueoceanparalegalservices.com

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

For further information concerning this matter, please call:

Tina Vierengel

561 294-8365
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	TINA VIERENGEL	2140 WHITE PINE CIRCLE	<input type="checkbox"/> Add
		UNIT A	<input type="checkbox"/> Remove
		GREENACRES, FL 33415	<input checked="" type="checkbox"/> Change
AMBR	DONALD CLARK III	2140 WHITE PINE CIRCLE	<input type="checkbox"/> Add
		UNIT A	<input type="checkbox"/> Remove
		GREENACRES, FL 33415	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 MAY 26 2022

Lincoln
Signature of a member

Signature of a member or authorized representative of a member

TINA VIERENGEL

Typed or printed name of signee

Filing Fee: \$25.00