## 122000221244

(Requestor's Name)
(Address)
(121,223)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration So Division of Cor			
BLUE OCI	EAN PARALEGAL SERVICES	S, LLC · · ·	•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	TINA VIERENGEL		
		Name of Person	
		Firm/Company	
	2140 WHITE PINE CIRCI	.E, UNIT A	
		Address	
	GREENACRES, FL 33415		
	Tina@blueoceanparalegalse		
For further information of	E-mail address: (1 concerning this matter, please c	o be used for future annual report noti	fication)
Tina Vierengel		561 294-8365	
Name (	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Con The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(3-1, 30)

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Zip Code

BLUE OCEAN PARALEGAL SERVICES, LLC	•			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Lability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L22000221244	were filed on 05/10/2022 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words 'Limited Liabi	lity 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)	2140 WHITE PINE CIRCLE			
	UNIT A			
	GREENACRES, FL 33415			
Enter new mailing address, if applicable:	2140 WHITE PINE CIRCLE			
(Mailing address MAY BE A POST OFFICE BOX)	UNIT A			
	GREENACRES, FL 33415			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address			
	, Florida			

## 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.

City

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	TINA VIERENGEL	2140 WHITE PINE CIRCLE	□Add
		UNIT A	□Remove
		GREENACRES, FL 33415	■Change
AMBR	DONALD CLARK III	2140 WHITE PINE CIRCLE	
		UNIT A	□Remove
		GREENACRES, FL 33415	<b>≡</b> Change
		_	□Add
			□Remove
			□Change
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			□Remove

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utt. II the da	if other than the is listed, the date muse inserted in this bloctive date on the De	ock does not me	et the applicab	date of filing or role statutory fili	(0 more than 90 days a ng requirements,	ptional) fler filing.) Pursuar this date will not	nt to 605.0207 be listed as
record specified is filed.	s a delayed effectiv	e date, but not ar	n effective tim	e, at 12:01 a.m.	on the earlier of	: (b) The 90th d	ay after the
ated MAY 26		,	2022	_ ·			
J	ina lo	clona	0				
_		Signature of a me	inber or authori	zed representativ	of a member		
		73.					

Filing Fee: \$25.00