



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000112551 3)))



H230001125513ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.
Account Number : I20180000074
Phone : (321)710-2030
Fax Number : (407)650-3216

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: documents@cyaninc.com

RECEIVED
2023 MAR 24 PM 3:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

2023 MAR 24 PM 2:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE LIFE WATERSPORTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

HELEMIEUX

MAR 27 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE LIFE WATERSPORTS 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:

ALDRICK P MUGGLER

Name of Person

BLUE LIFE WATERSPORTS LLC

Firm/Company

111 E MONUMENT AVE SUITE 401-12

Address

KISSIMMEE, FL 34741

City/State and Zip Code

contact@cyancinc.com

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

For further information concerning this matter, please call:

ALDRICK P MUGGLER

at (321) 710-2030

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

BLUE LIFE WATERSPORTS 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 02/21/2023 and assigned Florida document number L23000096631.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MUGGLER, PATRICK P	4218 RICKEYS WAY UNIT A	<input type="checkbox"/> Add
		PALO ALTO, CA 94306	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MUGGLER, ALDRICK P.	111 E MONUMENT AVE	<input checked="" type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated March 23rd, 2023

Aldrick Paul Muggler

Signature of a member or authorized representative of a member

MUGGLER, ALDRICK P.

Typed or printed name of signee

Filing Fee: \$25.00