

L23000197998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

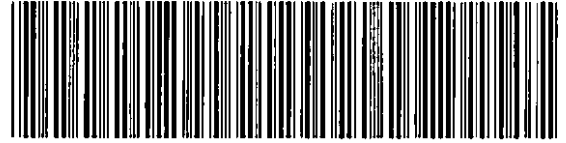
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FILED
2024 OCT 30 AM 10:39
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORT BLUE, 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:

LAURA GARRISON
Name of Person

FORT BLUE LLC
Firm/Company

8051 N. TAMiami TR STE F2
Address

SARASOTA FL 34243
City/State and Zip Code

THEBEACHMARKETS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA GARRISON at (727) 278 4285
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

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2024 OCT 30 AM 10:39

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

ALLAHASSEE, FLORIDA
1/2023 and assign

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(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)

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 OCT 24 2024

Signature of a member or authorized representative of a member

LAURA GARRISON

Typed or printed name of signee

Filing Fee: \$25.00