

123000381622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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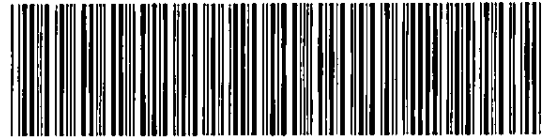
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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KH
2/13/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE WATER CAPITAL SOLUTIONS 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:

Eduardo Oropeza

Name of Person

Firm/Company

2331 Leaf Ct

Address

Sanford, FL 32771

City/State and Zip Code

edisurf@aol.com

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

For further information concerning this matter, please call:

Eduardo Oropeza

954 446-5492
at ()

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 JUN 30 PM 4:30
TALLAHASSEE, FL
STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE WATER CAPITAL SOLUTIONS 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 08/14/2023 and assigned
Florida document number L23000381622.

This amendment is submitted to amend the following:

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

Blue Wave Mortgage, LLC

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:

2331 LEAF COURT, SANFORD, FL. ~~33321~~ 32771

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2331 LEAF COURT SANFORD, FL. ~~33321~~ 32771

(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:

Not Applicable.

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

2024 JUN 30 PM 11

02/01/2024

FILED
2024 JUN 30 PM 11:30
FBI

Dated

1/23 2024

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

EDUARDO OROPEZA

Typed or printed name of signee