123000410564

(Requestor's Name)
(Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Old Calph Hollow)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	ision of Corp				
SUBJECT:	BLUE WAT	ER OPS (BH2OPS) LLC (L2	3000410564)		
SOBJECT.		Name of Lim	ited Liability Company		
The encloses	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
		idence concerning this matter			
		Jeffrey A. Davis			
			Name of Person		
		BLUE WATER OPS (BH	2OPS) LLC		
			Firm/Company		!
		7581 Petersen Point Rd			AND THE STREET
			Address		
		Milton, FI. 32583			ن. د
		 	City/State and Zip Code		The state of
		jeff.davis8309@gmail.com			. မှ ပ
For further i	nformation co	ncerning this matter, please of	to be used for future annual report notifi all:	ication)	
Jeffrey Davi			757 777.5404		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for the	e following amount:			
□ \$25.00 t	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
		-	Street Address: Registration Section of Corp		Mailing Address: Registration Section Division of Corporations

ARTICLES OF AMENDMENT TO

Division of Corporations The Centre of Tallahassee

P.O. Box 6327

2415 N. Monroe Street, Suite 810Tallahassee, FL 32314

BLUE WATER OPS (BH2OPS) 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 Com Florida document number L23000410564.	pany were filed on 01 Sep	pt 2023	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here	:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	gnation "LLC" or the abbr	eviation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, if applicable:				다
(Mailing address MAY BE A POST OFFICE BOX)		() 		
				1 · #
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	Tice address on our reco	ords, enter the name	of the new r	egistered
Name of New Registered Agent.	, , , , , , , , , , , , , , , , , , ,			
New Registered Office Address:	Enter Florida	street address		
		, Florida		
		, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered R	<u>gent:</u>			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my t as provided for in Cha	duties, and Lam fai upter 605, F.S. Or, if	miliar with a this docum	and ent is
<u>1</u>	Changing Registered Agent,	, Signature of New Regis	stered 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

Title	Name	Address	Type of Action
AMBR	Catherine Davis	7581 Petersen Point Rd, Milton, Fl 32583	■Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
		•	□Add
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11 the date inserted in this blo- ment's effective date on the Dep	be specific and cannot be prior to date does not meet the applicable spartment of State's records. date, but not an effective time, a	statutory filing requirements	s, this date will not be listed
d 13 November	2023		