

L04000057344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

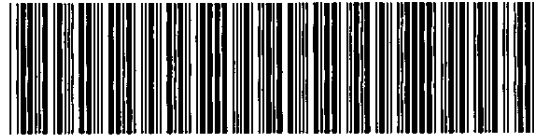
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900147316419

RECEIVED
09 MAR 26 PM 4:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAR 27 2009
EXAMINER

FILED
09 MAR 26 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 937556 7448434
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED
09 MAR 26 AM 9:15
TALLAHASSEE, FLORIDA

ORDER DATE : March 26, 2009
ORDER TIME : 1:58 PM
ORDER NO. : 937556-005
CUSTOMER NO: 7448434

DOMESTIC AMENDMENT FILING

NAME: BLACKMORE PARTNERS, LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BLACKMORE PARTNERS, LLC

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

FILED
09 MAR 26 AM 9:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/03/2004 and assigned
Florida document number L04000057344.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability 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**)

49 BLACKMORE POND CIRCLE
WEST WAREHAM MA 02576

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

49 BLACKMORE POND CIRCLE
WEST WAREHAM MA 02576

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:

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	COSGROVE, ROBERT	67 BLACKMORE POND CIRCLE WEST WAREHAM MA 02576	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BARRY C. COSGROVE	49 BLACKMORE POND CIRCLE WEST WAREHAM MA 02576	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

3-25-09

Signature of a member or authorized representative of a member

BARRY C. COSGROVE

Typed or printed name of signer