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## **COVER LETTER**

	gistration Se vision of Cor						
SUBJECT:		nvestments, LLC					
OBJECT		Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please returr	all correspo	ndence concerning this matter	to the following:				
		Dave Osterholt					
			Name of Person	<del></del>			
		Osterholt Investments, LL	c				
			Firm/Company				
		12381 Coconut Creek Ct.					
			Address				
		Ft. Myers, FL 33908					
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code				
		dave-o@earthlink.net					
		E-mail address: (	to be used for future annual report noti	fication)			
For further in	nformation c	oncerning this matter, please ca	all:				
Dave Osterl	holt		239 454-1120 at ( )				
	Name o	f Person		e Telephone Number			
Enclosed is	a check for th	ne following amount:					
□ \$25.00 F	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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Osterholt Investments, 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 March 17, 2005 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Blanche Bernard Investments, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address Florida City

## 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	s block does not meet the applicable state e Department of State's records.	utory filing requirements, thi	s date will not be listed a
record specifies a dela	yed effective date, but not an ef	fective time, at 12:01	7 49 8
he 90th day after the i	record is filed.	·	물통 스
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May 8	ZU1.3		
ed May 8	, , , , , , ,		~~~ <del>~~~</del>
ed May 8	OR Capita hour		10:3
ed May 8  i Pavi	Signature of a member or authorized rep	resentative of a member	10: 33

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Filing Fee: \$25.00