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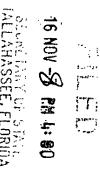
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COVER LETTER

TO: Registration S Division of Co			
-	Partners, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	D. Garrett Martin		
		Name of Person	
	Blackpool Partners, LLC		
		Firm/Company	
	3990 Sheridan St. Suite 21	IA	
		Address	
	Hollywood, Fl 33021		
	1011 1 1	City/State and Zip Code	
	rod@blackpoolpartners.com	o be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	•	,
J Rod Martin		305 439-7416	
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 Tailahassee, 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

Blackpool Partners, LLC				
(Name of the Lin	ited Liability Cor (A Florida Limit	npany as it now appe ed Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Florida document number	Liability Compa	any were filed on _	0/19/2005	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited li	iability company l	<u>iere</u> :	
N/A ~				
The new name must be distinguishable and contain the	words "Limited Li	iability Company," the	designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			3
B. If amending the registered agent and registered agent and/or the new registered	d/or registered	office address o	on our records,	NOV.
Name of New Registered Agent:	N/A			FLORIDE TO THE PROPERTY OF THE
New Registered Office Address:	N/A			
		Enter Fl	orida street address	
•		 -	, Flori	
		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

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

<u>Title</u>	<u>Name</u>	Address Type of Action				
MGRM	D. Garrett Martin	Address Type of Action 3990 Sheridan St. Suite 211A Hollywood, FL 330 Z ■ Add				
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		Remove				
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October 28			2016						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00