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B. BOSTICK
AUG - 7 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co				No.	
SUBJECT:	BBP M	ARINE, L.L.C.			
SUBJECT:		ited Liability Company	·		
	f Amendment and fee(s) are su	· ·			
riease return an corresp	ondence concerning this matte	r to the following:			
	Sha	ri Thieman Greene, Esq.		-	
		Name of Person			
	Ly	rnchard & Greene, P.L.	<u> </u>	_	
		Firm/Company			
		1901 Andorra Street			
		Address			12
	N	lavarre, Florida 32566			12 15 T
		City/State and Zip Code		385 385 5	7
	E-mail address: (to be used for future annual report noti	(fication)		
For further information	concerning this matter, please	call:		STATE LORID	
Shari Th	ieman Greene, Esq.	at (850)	936-9385	₩ .	·
Name	of Person		ne Telephone Numbe	:r	
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 enclose	d) Certifie	ate of Status &	
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	erations Senter Circle		

 $C_{i}^{*}(\zeta_{i})$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BBP MARINE, L.L.C.		
(<u>Name of the Limite</u> ()	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited L	Liability Company were filed on	July 24, 2006	and assigned
Florida document numberL0600007	3414		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	re:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "	
Enter new principal offices address, if appli	cable:		2
(Principal office address MUST BE A STRE	ET ADDRESS)		The Golden Policy of the Control of
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		5
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Shari Thieman Greene, Es	sq.	
New Registered Office Address:	1901 Andorra Street		
	E	nter Florida street add	dress
	Navarre	, Florida	32566
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>lle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	ding any other information, enter change	e(s) here: (Attach additional sheets, if neces	sary.)
	etialo V		
	he purpose for which this Limited Li	ability Company is organized is for	TZ AUG
<u>Al</u>	NY AND ALL LAWFUL BUSINESS		500
ted	20	12	4: 46 10RIDA
	(X) 17 0/ 1 0		

Page 2 of 2

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