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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number: 120100000018 : (305)961-1450

Fax Number : (305) 373-2735

\*\*Enter the amail address for this business entity to be used for futur annual report mailings. Enter only one email address please. \*\*

10 DEC -7 AM II: 32

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE HOLE EXPEDITION, LLC

| Certificate of Status | 1       |
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| Certified Copy        | 1       |
| Page Count            | 03      |
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## **COVER LETTER**

| TO: Registration S<br>Division of Co | rporations and                             | •                                                                 | ,                                                                      |
|--------------------------------------|--------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|
| SUBJECT:                             | Blue Hole                                  | Expedition, LLC                                                   |                                                                        |
| 30B0EC1.                             |                                            | ted Liability Company                                             |                                                                        |
| The enclosed Articles o              | f Amendment and fee(s) are sub             | omitted for filing.                                               |                                                                        |
| Please return all corresp            | ondence concerning this matter             | to the following:                                                 |                                                                        |
|                                      |                                            | Keith Stolzenberg                                                 |                                                                        |
|                                      |                                            | Name of Person                                                    |                                                                        |
|                                      | Stolze                                     | nberg Gelles & Flynn, LLP                                         |                                                                        |
|                                      |                                            | Firm/Company                                                      |                                                                        |
|                                      | 1401                                       | Brickell Avenue, Suite 825                                        |                                                                        |
|                                      |                                            | Address                                                           | ••••••••••••••••••••••••••••••••••••••                                 |
|                                      |                                            | Miami, Florida 33143                                              |                                                                        |
|                                      | <del>-</del>                               | City/State and Zip Code                                           |                                                                        |
|                                      | KStolze                                    | enberg@SGFCounsel.com to be used for future annual report notific | adon)                                                                  |
| For further information              | concerning this matter, please of          |                                                                   | ,                                                                      |
| Kei                                  | th Stolzenberg                             | at ( 305 )9                                                       | 061-1450                                                               |
|                                      | 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) | Certificate of Status & Certificate Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| E                                                                                     | Blue Hole Expedition, LLC                                                   |                             | <b>B</b>                 |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------|--------------------------|
| (Name of the Limite                                                                   | d Liability Company as it now appea<br>A Florida Cimited Liability Company) | rs on our records.)         | 7                        |
| The Articles of Organization for this Limited                                         | Liability Company were filed on                                             | 11/27/2006                  | and assigned Sign        |
| Florida document number L060001                                                       | 13311                                                                       |                             | and assigned 8: 3        |
| This amendment is submitted to amend the fo                                           | llowing:                                                                    |                             |                          |
| A. If amending name, enter the new name                                               | of the limited liability company he                                         | re:                         |                          |
| The new name must be distinguishable and end w "L.L.C."                               | with the words "Limited Liability Comp                                      | any," the designation "I    | LLC" or the abbreviation |
| Enter new principal offices address, if appli                                         | cable:                                                                      |                             |                          |
| (Principal office address MUST BE A STRE                                              | ET ADDRESS)                                                                 |                             | <del>-</del>             |
|                                                                                       | -                                                                           | 4                           |                          |
| Enter new mailing address, if applicable:                                             |                                                                             |                             |                          |
| (Mailing address MAY BE A POST OFFICE                                                 | <u> </u>                                                                    |                             |                          |
|                                                                                       |                                                                             |                             |                          |
| B. If amending the registered agent and registered agent and/or the new registered to | or registered office address on office address on office address here:      | our records, <u>enter t</u> | he name of the new       |
|                                                                                       |                                                                             |                             |                          |
| Name of New Registered Agent:                                                         | Keith Stolzenberg                                                           | <u>,,</u>                   |                          |
| New Registered Office Address:                                                        |                                                                             |                             |                          |
|                                                                                       | ter Florida street add                                                      | ress                        |                          |
|                                                                                       | Miami                                                                       | , Florida                   | 33131                    |
|                                                                                       | 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 Standard 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> | Name                                 | Address                                                  | Type of Action    |
|--------------|--------------------------------------|----------------------------------------------------------|-------------------|
| MGRD         | Blue Hole Holdings, LLC              | 200 Greene Street<br>Kev West, FL 33040                  | Add<br>Remove     |
| MGRP         | Jerome D. Paulsrud                   | 123 Grassmarket<br>San Antonion, TX 78259                | Add Remove        |
| MGR          | Richard G. Sherlund                  | .21 Taylor Road<br>Short Hills .N.L 07078                | Add<br>Remove     |
| MGR          | Mike Frank                           | 6700 NW 77 Court<br>Unit 100<br>Miami, Florida 33166     | Add Remove        |
| MGR          | Sean Fisher                          | 200 Greene Street<br>Key West, FL 33040                  |                   |
| MGR          | Kim Fisher                           | 200 Greene Street<br>Kev West, FI 33040                  | [7] Add<br>Remove |
| D. If amend  | ding any other information, enter cl | nange(s) here: (Attach additional sheets, if necessary.) | _                 |
|              |                                      |                                                          | •••               |
| Dated        | December 7                           | 2010人                                                    | <del>-</del>      |
|              | 200                                  |                                                          |                   |
|              | Signature of a mo                    | mber or suthorized representative of a member            |                   |
|              |                                      | Kelth Stolzenberg AVTHOLIZED REP                         | <del>_</del>      |
|              | T                                    | med or printed name of signee                            | <del></del>       |

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Filing Fee: \$25.00