## 2070000/7926

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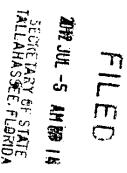
JUL 10 2011

**EXAMINER** 



500237023485

07/05/12--01005--008 \*\*25.00



## **COVER LETTER**

BUBBLET THE	EARMS LLC ted Liability Company	
The enclosed Articles of Amendment and fee(s) are sub Please return all correspondence concerning this matter  Awa Thorsev  8600 NW  MIAMI AMTHORDEO	omitted for filing.  It to the following:  MARIA CRUCET  Name of Person  AND CRUCET P.A.  Firm/Company	DE JUL -5 AN ES  SECKETARY OF STA  TALLAHAS SEE, FLOR
For further information concerning this matter, please c	•	
ANA MARIA CRUCET Name of Person	at 805 883 0120 Area Code & Daytime Telephone Number	<del></del>
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$ Certificate of Status	(additional copy is enclosed) Certified	te of Status &
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

thanton firear	ms LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 2/16/20	and assigned
Florida document number L070000 1792C	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Phanton Maritime	Services Ll	.C =
The new name must be distinguishable and end with the words "Lin"L.L.C."		gnation "LLO" on the appreviation
Enter new principal offices address, if applicable:		\$ Z
(Principal office address MUST BE A STREET ADDRESS)		Hat en L
•		7 B
Enter new mailing address, if applicable:	70 Box 39	8898 =
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH	FC 35239
	<del> </del>	
B. If amending the registered agent and/or registered office address he		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida s	treet address
·	<del></del>	orida
	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>:

Add Remove		<u>Name</u>	Address	Type of Action
Add Remove	_	<del></del>		
Remove  Add Remove  Add Remove				
Add Remove  Add Remove  Add Remove	_	-		
Remove  Add Remove				
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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				RICE IN
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	<del>-</del>	June 21,2	012	
June 21, 2012.  Caustage  Signature of a member or authorized representative of a member  Christian Garbayo  Tunad or printed representative	- -	June 21, 2	012	

Page 2 of 2

Filing Fee: \$25.00