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SECRETARY OF STATE
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COVER LETTER

TO: Registration Sec Division of Corp							
SUBJECT: BST Tropics, LLC							
	(Name of Lim	ited Liability Company)	<u> </u>				
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	W. Thompson Thorn, III						
(Name of Person)							
	Thorn Whittington, LLP	(F) (O)	,				
		(Firm/Company)					
	100 North Tampa Street,	Suite 1900					
		(Address)					
	Tampa, FL 33602						
		(City/State and Zip Code)					
For further information concerning this matter, please call:							
W. Thompson Thorn, III		at (_813) 225-4600					
(Name of Person) (Area Code & Daytime Telephone Number)		elephone 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 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

BST Tropics, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 07/20/2007	and assigned
Florida document number <u>L07000075295</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lize	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		75 S 35 5
(Principal office address MUST BE A STREET ADDRESS)		SEP SEP
		255 L F
		MA P IT
Enter new mailing address, if applicable:		- CV 75
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of the new
·		
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	(Enter Florida :	street address)
	······································	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MEMB_	Christine D. Cooley	100 North Tampa Street Suite 1900 Tampa, FL 33602	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	age(s) here: (Attach additional sheets, if necessa	<u> </u>
	100 to 10		ECRETATY OF
Dated Augus	st 27 , 2008		FLORIDA
	W. Thompson Thorn, I	ed or printed name of signer	

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Filing Fee: \$25.00