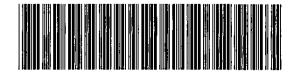
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2008 FEB | 5 AM IO: 59 SECRETARY OF STATE

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EXAMINER

W1-151496

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: BLC/Jax LLC (Name of Limited Liability Company) |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Michelle Baktys (Name of Person) |
| Richard T. Morehead P.A. (Firm/Company) |
| 444 3rd ST. (Address) |
| Nepture Beach Fr 32266 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Mulle Bakts at (901) 247-5147 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| Certificate of Status Certificate of Status Certificate of Status (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

| BLC/J (Name of the Limited Liabil | ax LC lity Company as it now appears on our re | cords.) |
|--|---|-------------------------------------|
| · | da Limited Liability Company) | 7/27 |
| The Articles of Organization for this Limited Liability Florida document number <u>Lo 70001274</u> | * | I [O / and assigned |
| This amendment is submitted to amend the following: | : | |
| A. If amending name, enter the new name of the li | imited liability company here: | |
| The new name must be distinguishable and end with the v "L.L.C." | words "Limited Liability Company," the des | signation "LLC" or the abbreviation |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ac | | |
| Nome of New Devisioned Assets | | EB 15. NHASSE |
| Name of New Registered Agent: | · | |
| New Registered Office Address: | (Enter Florida | a street address). |
| | | lorida(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

| | managing member | • | |
|--------------|---------------------------------------|---|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | 1 1 | nber or authorized representative of a member | 1 |
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Page 2 of 2

Filing Fee: \$25.00