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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

T. CLINE NOV 1 3 2008

EXAMINER

COVER LETTER

Division of Corp				
SUBJECT: BMR Or	ganics, LLC			•
5050201.	(Name of Lim	ited Liability Company)	<u> </u>	•
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	S. Lynn Clem, CFO			
		(Name of Person)	•	
В	m R Organics, LLC		•	
		(Firm/Company)		
	14001 63rd Way North			
	THOUT GOTA THAY HORE!	(Address)		
			200 SE TAL	
	Clearwater, FL 33760-36	(City/State and Zip Code)		1,000,000
,		(Chyrotate and Zhr Code)	NOV 12 PRETARY AHASSE	COLUMN TO SERVICE AND ADDRESS OF THE SERVICE AND
For further information co	ncerning this matter, please c	all:	SECRETARY OF STATE ALLAHASSEE, FLORIDA	p-q
			AS A	
S. Lynn Clem,CFO (Name of	Parsant	at (728) 538-4704 ext 25 (Area Code & Daytime To	3 95 9	S. Jan age d
(Name of	· ·	(Area Code & Daytime 1)	elephone Number) 577	
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

BMR Organics, LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on August 1	9, 2008	and assigned
Florida document number L08000079560	·			
This amendment is submitted to amend the foll	owing:		•	
A. If amending name, enter the new name o	f the limited liab	oility company here:		
OceanGrown Solutions, LLC				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi		-	
Enter new principal offices address, if applic	able:	14001 Q CLEARW	3RD WAY	MARTH
(Principal office address MUST BE A STREE	T ADDRESS)	CLEARW	ATER TO	3 3
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		14001 6: CLEAR W.	3 WAY ATER, FE	NO 20 19
B. If amending the registered agent and/or the new registered of	or registered of Tice address her	fice address on our r <u>e</u> :	ecords, enter the n	ame of the new
Name of New Registered Agent:	George L. Luti	ich	<u> </u>	
New Registered Office Address:	14001 63rd Way North			
		(Enter F	lorida street address)
	Clearwater		, Florida <u>3376</u> 0-	3619
		(City)		Zip Code)
New Degistered Agent's Signature if changing I	Dagistanad Agants			

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, E.S. Or, if this document is being filed to merely reflect a change in the registered office address. I bereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registored 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 = N	lanaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			E Dames
			Add Remove
····			ZIE ROVE T
			12 gamove 10: L
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	TATE O
		,	
_			<u> </u>
Dated Nover	mber 10, 2008	<u>/_</u> .	
	Signature of a member	r or authorized representative of a member	
	George L Lutich		
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00