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SECRETARY OF STAIL

COVER LETTER

Division of Cor			
CHID DE CT.	THE BLACK	BEARD GROUP LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	s	TEVEN M CRANKSHAW	
		Name of Person	1.120 t.004 .1.1-19 4
	THE	BLACKBEARD GROUP LLC	
		Firm/Company	
		PO BOX 952	
		Address	**
	FER	NANDINA BEACH, FL 32035	
		City/State and Zip Code	
		nerrycrankster@comcast.net	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
STEVEN M CRANKSI	IAW	904 261-5350 at ()	
Name (f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fcc	☐ \$30.00 Filing Fcc & 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

	THE BLACKBEA	RD GROUP ELC	. <u>E</u>	22		
(Name of the Limi	ted Liability Compa	nny as it now appears of Liability Company)		-		
	(A Piorida Limited	Liability Company)	<u> </u>	eg Th		
			8/22/2006			
The Articles of Organization for this Limited I.	iability Company	were filed on	9/22/2000 m=<			
Florida document numberL0800008036	5		m e			
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This amendment is submitted to amend the following	lowing:		₽₹	₩		
	Ū			5		
A. If amending name, enter the new name of	of the limited liab	ility company here:				
RI	LACKBEARD HO	LDINGS LLC	•			
he new name must be distinguishable and contain the			enation "LLC" or the	abbreviation "LLC"		
ne new name must be distinguishable and contain the	words Tampica Liaui			iooicitation 13.12.0.		
Enter new principal offices address, if appli	cable:	1861 SOUTH FLETCHER AVE.				
• • •		FERNANDINA BI	EACH, FL 32034			
<u>Principal office address MUST BE A STREI</u>	<u>ELADDKESS)</u>					
						
Enter new mailing address, if applicable:		PO BOX 952				
• • • •		FERNANDINA BEACH, FL 32035				
<u>Mailing address MAY BE A POST OFFICE</u>	(BOX)					
3. If amending the registered agent and	/or registered o	ffice address on o	ur records ente	r the name of the		
registered agent and/or the new registered of	•		ur records, <u>ence</u>	the hame of the		
egistered agent antipol site into a telestered d	THE HELL COS INC.	<u>~</u> .				
Name of New Registered Agent:	STEVEN M C	RANKSHAW				
	1941 COUTU	CLETCHED AVE				
New Registered Office Address:	1861 SOUTH FLETCHER AVE.					
	Enter Florida street address					
	FERNANDIN	A BEACH	, Florida _3	2034		
		City	, riviida	7in 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STEVEN M CRANKSHAW	1861 SOUTH FLETCHER AVE.	■ Add
		FERNANDINA BEACH, FL 3203	☐ Remove
		AMINISTRAL	Change
			☐ Remove
			Change
			Add
-			Remove
			☐ Change
			
			□ Remove
			☐ Change
			□ Add
		ASS SSE	28 CRITARY
		FL OR	F SIA W Add
			□ Remove
			[] Change

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			9/25/2015				
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cument's effective	e date on the Department of	State's records.					
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	after the record is filed.		n enecuve un	iic, at 12:01	. a.m. E <i>v</i> :		ile carifer
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		5/6			<u> </u>	_U_	
	Signature of a	member or authorize	ed representative o	f a member	STA	ړې	<u> </u>
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Page 3 of 3

Filing Fee: \$25.00