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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

Division of Co	orporations		'
SUBJECT:	Blue Marlin	Realty Group, LLC	**
30 13 12.		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Felicia Henderson	
		Name of Person	
	·		
		Firm/Company	
	4	1475 Legendary Drive	
		Address	
Destin, Florida 32541			
		City/State and Zip Code	
	fher E-mail address: (nderson@destinlaw.com to be used for future annual report notifica	tion)
For further information of	concerning this matter, please	call:	
Feli	cia Henderson	at (_850) 83	37-3662
Name o	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Marlin Rea (Name of the Limited Liability Compa (A Florida Limited)	alty Group, Ll my as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL0900003968		1/13/2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:	970 Gulf Sho	ore Drive	arten d	
(Principal office address MUST BE A STREET ADDRESS)	Destin, FL 32	2541	11 DE	
Enter new mailing address, if applicable:			TIARY OF	
(Mailing address MAY BE A POST OFFICE BOX)			S S S S S S S S S S S S S S S S S S S	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, <u>enter</u>	the name of the new	
New Registered Office Address:				
	Enter Florida street address			
 	G:	, Florida _	7: 0 1	
	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>:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			— ☐ Add	
	 		Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add	
D. Ifamen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	Remove	
_			_	
_			-	
_			- -	
Dated	December 9 201			
	/ /	or authorized representative of a member		
	John Typed o	nathan E. Hughes or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00