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EXAMINER

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COVER LETTER

TO:	Registration So Division of Co						
SUBJI	ፑ ርፕ・	Blackline	e Holdings, LLC				
SUBUI			ted Liability Company		-		
The en	nclosed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please	return all correspondent	ondence concerning this matter	to the following:				
	Neal Sandberg				_		
			Name of Person				
	SIMON, SCHINDLER & SANDBERG, LLP						
	·	,	Firm/Company				
	2650 BISCAYNE BOULEVARD					~	
Address				- ALL	2		
			MALABAL EL 22427		A H H	2011 APR 15	Size of
	MIAMI FL 33137 City/State and Zip Code				- SS - A	5	
	info@miami-law.net					<u> </u>	
		E-mail address: (to be used for future annual rep	ort notification)	- COX	PH 2: 14	The same
For fu	rther information	concerning this matter, please	call:		<u>Ş</u> ,	=	
	Ne	eal Sandberg	at (_305)	576-1300			
	Name	of Person		Daytime Telephone Num	ber		
Enclos	sed is a check for	the following amount:					
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certifi nclosed) Certifi	Filing Fedicate of Sied Copy	tatus &	losed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registratio Division of Clifton Bui	Corporations	:		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Co	Holdings, LLC	rs on our record	<u>ds.</u>)		
•	(A Florida Limi	ited Liability Company)				
The Articles of Organization for this Limited	Liability Com	pany were filed on	April 26, 20	010;	and ass	igned
Florida document numberL1000004	<u>44544</u> .					•
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited	liability company he	<u>re</u> :			
		N/A				
The new name must be distinguishable and end w "L.L.C."	vith the words "	Limited Liability Comp	any," the designa	ntion "LLC"	or the a	bbreviation
Enter new principal offices address, if appl	N/A					
(Principal office address MUST BE A STRE	ET ADDRES.	<u></u>				
				So	20	
					I APR	أستنست
Enter new mailing address, if applicable:	N/A		N. N.	<i>×</i>	18348789	
(Mailing address MAY BE A POST OFFICE			SEX.	ப		
				1	PH	j
				OR.	Ŵ	temps.
B. If amending the registered agent and registered agent and/or the new registered	d/or registere office address	d office address on here:	our records, g	nter the n	ame o	f the new
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Er	nter Florida stre	et address		
_	, Florida					
•		City	•	$Z_{i_{j}}$	p 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 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** <u>Name</u> <u>Address</u> Type of Action **MGRM** DJB Holdings, LLC 26868 Canyon End Road ☐ Add Santa Clarita, CA 91387 ✓ Remove Remove Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 11 Dated _ Signature of a member or authorized representative of a member Peter Hamilton, MGRM, Peter Allan Ventures, LLC Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00