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B. BOSTICK APR - 2 2012

EXAMINER

COVER LETTER

SUBJECT:		PLORATION, LLC ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Julie K. Nix		
	FIR	Name of Person BA EXPLORATION, LL	C	
		Firm/Company		
		P.O. Box 807		
	l	Milton, Florida 32572		
		City/State and Zip Code K@nixandkirkland.com	1	12 M SECR
	E-mail address: (to be used for future annual repo	ort notification)	MAR 30 CAHASSI
For further information	concerning this matter, please c	call:		30 PH
	Julie K. Nix of Person	at (<u>850</u>) Area Code &	981-9959 Daytime Telephone Nur	2: 15
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 en	Certi nclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

<u> </u>	BA EXPLO	RATION, LLC	·	
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appear Liability Company)	<u>'s on our records.</u>)	
The Articles of Organization for this Limited L	were filed on	08/06/2010	and assigned	
Florida document numberL10000082	2486			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	th the words "Limi	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		6478 Highwa		
(Principal office address MUST BE A STREET ADDRESS)		Milton, Florida	a 32570	-12
			A S	<u> </u>
			SSE SXK	30
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)				1 12
			RIC P	<u> </u>
B. If amending the registered agent and/orthe new registered of			our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:	Julie K. Nix			
New Registered Office Address:	6478 Highw	ay 90, Suite A		
		Enter Florida street address		
		Milton	, Florida	32570
		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

Page 1 of 2

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 = Manag MGRM = Mar	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ed L. Dunn	7825 Petersen Point Road Milton, Florida 32583	Add Remove
MGRM	John C. Nix, Jr.	6588 Manning Road Milton, Florida 32570	Add Remove
MGRM	Julie K. Nix	6478 Highway 90, Ste. A Milton, Florida 32570	_ ✓ Add _ ☐ Remove
	•		
			Add Remove
			Add · Remove _
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	с <u>-</u>
		AHASSEE.	F 11.
		DRIDA	2: 15
Dated	March 28 2012		
1	Signature of a menaber or	authorized representative of a member	
<i>C</i> -		and John C. Nix, Jr.	
_		printed name of signee	

Page 2 of 2

Filing Fee: \$25.00