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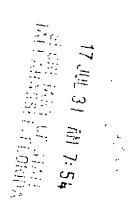
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COVER LETTER

Division of Corporations	
SUBJECT: BLTP LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	l
David Grimsic	-
BLIP LLC	
10644 Broadand	Fass
Thorotosasa F	3359 <u>2</u>
1971M212 @ 3W01 E-mail address: (to be used for future and	ual report notification)
For further information concerning this matter, please call:	
David Grimsich a1813,	361-0523
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing F Certificate of Status \$\Bigcup \$60 Certificate of Status \$\Bigcup \$60 Certified Copy is \$\Bigcup \$60 Certified Cop	Certificate of Status &

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 |

lability Company as itlnow appears on our records.)
Iorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on A Florida document number 上 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	rom our records:	age, enter the	title, name, and address of each	person being auut
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
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Page 3 of 3

Filing Fee: \$25.00