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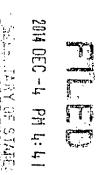
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Cor	rporations '	
SUBJECT:	BLMP HOLDINGS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondent	ondence concerning this matter to the following:	
	Arthur Barlaan	
	Name of Person	
	Firm/Company	
	5001 Troydale Rd	
	Address	
	Tampa, FL 33615	
	City/State and Zip Code blmpasb@gmail.com	20
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	THE STATE OF THE S
Arthur Barlaan	813 918-0611	ne Number
Name o	of Person Area Code Daytime Telepho	ne Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

BLMP HOLDINGS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 6, 2011 and assigned Florida document number L11000065456 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 Florida City

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE A RAFFINAN	2625 Westview Ct	■ Add
		Clearwater, FL 33761-1224	☐ Remove
MGR	MARIA R RAFFINAN	2625 Westview Ct	a Add
		Clearwater, FL 33761-1224	Remove
MGR	JOCELYN L BARLAAN	5001 Troydale Rd	■ Add
		Tampa, FL 33615-4313	□ Remove
MGR	CONNIE P MACALINAO	10759 Cory Lake Drive	Add
		Tampa, FL 33647	Remove
			Remove
			□ Add
			□ Remove

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E. Effective date, if other than the date of (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depa	iling: (optional) o date of receipt or filed date and cannot be more than 90 days after tment of State)	_
		_
the date this document is filed by the Florida Department Dated November 29	tment of State) 2014	_
the date this document is filed by the Florida Department Dated November 29	tment of State)	_

Page 3 of 3

Filing Fee: \$25.00

