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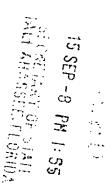
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SEP 09 2015 J SHIVERS

COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE		cean Advisory Partners, LLC.		
SOBJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		David Friedman		
			Name of Person	<u> </u>
		Blue Ocean Advisory Parte	ners, LLC.	
			Firm/Company	
		1640 West Oakland Park F	Blvd., Suite 300	
			Address	·
		Fort Lauderdale, FL 3331	1	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		dafriedman@vrblueocean.c		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
David I	Friedman		954 543-1962 at ()	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

BLUE OCEAN ADVISORY PARTNE	•	
(Name of the Limited L (A F	iability Company as it now appears on our records.) Plorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 4/3/2013	and assigned
Florida document number L13000048609		
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO.	<u></u>	
3. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent:		- 第二 的 -
New Registered Office Address:		SS 6
	Enter Florida street address	
_	, Flori	da Zip.Code
	,	3. California

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Timothy Bellon	6533 Carrington Sky Dr	⊞ Add
		Apollo Beach, FL 33572	□ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		☐ Remove	
			☐ Change
		Add	
			□ Remove
			□ Change

Effective date, if other than the date of filing: Continue	·	
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	Dated September 5th 2015	·
	Signature of a member or auth	orized representative of a member
		·

Page 3 of 3

Filing Fee: \$25.00