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Florida Department of State

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCEAN BLUE MARINE MANAGEMENT, LLC

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JAN 1 5 2014

COVER LETTER

TO:

Registration Section
Division of Corporations

QHO TRAT

Ocean Blue Marine Management, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Thompson

Name of Person

Moss & Barnett

Firm/Company

4800 Wells Fargo Center, 90 South 7th Street

Address

Minneapolis, MN 55402-4129

City/State and Zip Code

sue.thompson@lawmoss.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Thompson

_{.,}612、877-5352

Name of Person

Area Code

Daytima Telephona Number

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 enclosed) U\$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 Tallahassec, FL 32301

FILED
2014 JAN 13 AM11: 41
SECRETARY OF STATE
FALLAHASSEE. FLORIBA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN BLUE MARINE MANAGEMENT, LLC

(Name of the Limited Line)	nbility Communy as it naw appears of orda Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L13000176406</u>	lity Company were filed on Febru	ary 13, 2013 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	ilmited liability company here:	
Ocean Blue Operations, LLC		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered affice		records, enter the name of the new
Name of New Registered Agent:		
New:Registered Office Address:		
	Enter	Morida street address
-	· · · · · · · · · · · · · · · · · · ·	, Florida
	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 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 May Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member				
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	-	<u> </u>	Remove	
	•		Ticmaye	
			Add	
			Remove	
				
			Remove	
		Remove		

Page 2 of 3

). If amending any other information, enter	er change(s) here: (Attach additional sheets, if necessary.)			
<u> </u>				
· · · · · · · · · · · · · · · · · · ·				
				
. Effective date, if other than the date of f	liling: (optional)			
fan effective date is listed, the date must be	specific and cannot be more than 90 days after filing.) (605.0207 (3)(
_{ated} December 10	2014			
(RICC)				
Charles Vogel	CALLY L			
Signature of	a member or authorized representative of a member			
Char	ries Vogel			
	Typed or printed name of signor			
	Page 3 of 3			

Filing Fee: \$25.00