L14000088453

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MAR 1 6 2015 J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

FROME: 850-558-1500	
ACCOUNT NO.	: 12000000195
REFERENCE	: 539528 4353914
AUTHORIZATION	: Spellelenan
COST LIMIT	
ORDER DATE : March 12, 2015	
ORDER TIME : 9:24 AM	
ORDER NO. : 539528-015	
CUSTOMER NO: 4353914	
DOMESTIC AMI	ENDMENT FILING
NAME: STARBOARD TACK LLC	REAL ESTATE,
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCOM	RPORATION
PLEASE RETURN THE FOLLOWING AS I	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAM	NDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

то:	Registration Se Division of Co			
SUBJE	Starboa	rd Tack Real Estate, LL	С	
o o b o b o b o b o b o b o b o b o b o		Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Aaron Hill		
			Name of Person	
		DLA Piper LLP (US)		
			Firm/Company	
		500 8th Street, NW		
			Address	
		Washington, DC 200	004	
			City/State and Zip Code	
		dblea@blakestreetad	visors.com o be used for future annual report notific	ration)
For furth	ner information c	concerning this matter, please ca		2.1.0.1.)
Aaron			202 799-4219	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	i is a check for the	he following amount:		
\$25.	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)
		ING ADDRESS: ration Section	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Starboard Tack Real Estate, LLC				
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	_	-	
The Articles of Organization for this Limited Liability C Florida document number <u>L14000088453</u>	Company were filed on 06/02/2014	and a	assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
Black Sail, LLC				
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."	_
Enter new principal offices address, if applicable:		TA:	20	
(Principal office address MUST BE A STREET ADDR	RESS)	Z CX	- C.F.	
		A S	- 	
		SSE SSE	ယ်	T Prope
Enter new mailing address, if applicable:		<u> </u>	P	· []
(Mailing address MAY BE A POST OFFICE BOX)		53		`,
		<u> </u>	N	
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or registered agent and/or the new registered agent and/or registered agent and/or registered agent and/or registered agent and/or the new registered agent and/or registered agent agen		the nam	e of the	new
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida street address			-
<u></u>	, Florida			
	City	Zin Cod	la	

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 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:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Add
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			Add 2015
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e date this do	nument is filed by the l	Florida Department of S	State)	and cannot be more	(optional) than 90 days after
Tective dat the effective date date this do ated Marc	nument is filed by the l	Florida Department of S	receipt or filed date State)	and cannot be more	(optional) than 90 days after
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

2015 MAR 13 PH 11.