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. (Re	questor's Name)	
(Ad	dress)	,
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MAY 12 2013 O. BRUCE

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: BL	Je Submario Name of Limited	e LLC d Liability Company		
The enclosed Articles of Am	endment and fee(s) are submi	tted for filing.		
Please return all corresponde	nce concerning this matter to	the following:		
	Mark J. D	DE Biase Name of Person		
	Blue Subr	narine LLC Firm/Company		
	1525 A Th	ne Greens Way		
	Jacksonvil	City/State and Zip Code	3a250_	
	Jeannes Po E-mail address: (to)	aulding @ bellsout be used for future annual report notificati	hneT	
For further information conce	erning this matter, please call:	:		
Jeanne S Name of Per	poulding	at (<u>904</u>) <u>280-69</u> Area Code Daytime Tel	ephone Number SECRE NAN	71
Enclosed is a check for the fo	ollowing amount:		TARN ASSI	FM
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional Edgy is enclosed)	ED

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 Submarine (Name of the Limited Liability Comparing (A Florida Limited Lim	L L C ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000161343</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		<u>:W</u>
Name of New Registered Agent:	ALLARE T	
New Registered Office Address:	Enter Florida street address	
	Florida C	
Name Desirement Access Simplement of the pain Desirement Access	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 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	Joseph De Blase	1701 San Poblo Rd # 303	
		Jocksonville, FL 32224	Remove
			Change
			Add
			□ Remove
			Change
			Add
			_☐ Remove
			Change
			□ Add
	•	TALL ARASSEE	Remove Add Remove
		FLORIUS PLORIU	Remove Change
			🗆 Add
			_□ Remove
			☐ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef Note:	tive date, if other than the date of filing:	
	ALL SELECTION OF THE SE	
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. with earlier a 90th day after the record is filed.	OF.
Dated		
	PROPERTY OF THE PROPERTY OF TH	
	Signature of a member or authorized representative of a member	
	Mark J. De Brase Mar Typed or printed make of signee	

Page 3 of 3

Filing Fee: \$25.00