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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor					
; SUBJE		HOLDINGS I				
SUBJE		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	nitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		BARRY BASS				
			Name of Person			
			Firm/Company			
		1022W ALFRED STREET				
			Address			
		TAMPA,FL 33603				S IVIC
		CPAEXTREME@AOL.CO	City/State and Zip Code M	ALLAH	5 MAY	ECRET
		E-mail address: (1	to be used for future annual report notific	cation)	29	ARY COAR
For fu	ther information c	oncerning this matter, please ca	all:	H _C	3 3	3996
BARR	Y BASS		813 932-9481 at ()	OAID	AM II: 40	RATI
	Name o	f Person	Area Code Daytime	Telephone Number	— <u>C</u>	ON:S
Enclos	sed is a check for the	he following amount:				
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status opy	

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

BADGER HOLDINGS I		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our l I Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan	y were filed on 04-27-15	and assigned
Florida document number L15000073201		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
BADGER HOLDINGS I, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		TANK TO SEE
		LAY 2
		ARY COL
Enter new mailing address, if applicable:		- TO 30 .
(Mailing address MAY BE A POST OFFICE BOX)		ST RATE
		Du o or
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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 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 = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
·			Add
•			☐ Remove
			☐ Change
			□ Add
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ocument's effective date on the Depa	artment of State's re	ecords.		
e record specifies a delayed e	effective date, b	ut not an effecti	ive time, at 12:0:	1 a.m. on the earlign
The 90th day after the recor	d is filed.			<u>≱</u> ∞ 5 5 5 5
	***			ECHE LAH
ated MAY 27	2015			29 AR ASS
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00