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COVER LETTER

TO: Registration Secti Division of Corpo		٠				
SUBJECT: BU	bble Briga Name of Limi	de Snuba Tou ted Liability Company	BLLC			
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.				
Please return all correspond	ence concerning this matter t	to the following:				
	Anne B	Name of Person	new)			
	Bubble7	Xiaade Shuba- Frm/Company	Tours			
	1182 I	Address (new)			
	Clear water	City/State and Zip Code	55			
	tubble briaade E-mail address: (1	Shubatourseama to be used for future annual report notific	il.com			
For further information con	cerning this matter, please ca	all:				
Anne B Name of P	randt erson	ai(<u>000</u>) 0 1 1 2	2243 Telephone 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)	\$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

Florida document number <u>L 150</u>00 17 1044 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

Page 1 of 3

company has been notified in writing of this change.

2: 03 STATE STATE

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anne Clark	1185 tra St	2546
		(See name change	Remove
		below)	
<u> 168</u>	Anne Brandt	1182 IVa St.	Add
		Clearwater, FL	- G-Romove -
			
	Address change	to:	
		1182 Iva St.	□ Remove
		Clearwater, FL 337	55
			🗆 Add
			☐ Remove
		, -, .	□ Remove
		CRETARY LANGE	CO COLUMN
			O Add
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			heets, if necessary.)
1182 -	Iva 3	+.	
Clearu	oder, F	1 33	155
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			(optional)
		e and cannot be more	than 90 days after
<u> , 2</u>	015.		
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	/ Car		
ignature of a memb	er or authorized r	representative of a m	ember
	late of filing:	Clear worder, F	late of filing: 101/2015 to be prior to date of receipt or filed date and cannot be more

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Filing Fee: \$25.00