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### **COVER LETTER**

	egistration Section ivision of Corporations	<b>**</b>	
SUBJECT		A P 1 TAZ LLC Name of Limited Liability Company	
The enclos	ed Articles of Amendment and fed	e(s) are submitted for filing.	
Please retu	rn all correspondence concerning	this matter to the following:	
	<u>F</u>	Brian Berkowis	12
	Br	BH CAPITAL LL	7
	_ 78	50 NW FOR A	
	P	ancland FL 33	3067
	<u>bB</u>	City/State and Zip Code  erkowte O O + 100k  ail address: (to be used for future annual report fiorif	Cam Ed 5
For further	information concerning this matt	er, please call:	
Br	Mame of Person	at (954) 7-80 Area Code Daytime	7-90765 Telephone Number
4	s a check for the following amount	Fee & \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
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#### 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 ARTICLES OF ORGANIZATION **OF**

Bash (APITAL) (Name of the Limited Liability Compa (A Florida Limited I	LLC	on our records			
(A Florida Limited L	_iability Company)	on day records.)			
The Articles of Organization for this Limited Liability Company Torida document number <u>L1700020637</u> 9	were filed on	<u> 10/5  201-</u>	<del>7</del> ar	nd assign	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab  Blue Ocean San The new name must be distinguishable and contain the words "Limited Liabil			7 abbreviati	on *L.L.C	<del></del>
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					35 700 Tabris 
(Mailing address MAY BE A POST OFFICE BOX)			G / · ·	- <del>''</del> - <del>'</del>	4
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on e	our records, <u>ente</u>	r the n	D ame of	or trees state
Name of New Registered Agent:				***	
New Registered Office Address:	Enter Florid	la street address			
		Florida		Code	<del></del>
Desired Annual Complete March Desired Complete	City		Zip	Code	
New Registered Agent's Signature, if changing Registered Agent:		1.0.1			

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> <u>Address</u> **Type of Action** \_□ ∧dd □ Remove ☐ Change \_□ Add \_□ Remove \_□ Change \_□ Add Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove

☐ Change

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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing one.  If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	or more than 90 days	optional) s after fiting.) Pursi s, this date will n	iant to 605.02 ot be listed :
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:	01 a.m. on th	ıe earlier
-1-12			
ated $5/2/2018$			

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