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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

BLACK BI	LUE CAPITAL, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Amory Bodin			
		Name of Person		
		Firm/Company		
	4632 SW 10 Street			
	*****	Address		
	Miami, FL 33134			
	abodin@bodinco.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Amory Bodin		305 303-6578		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address: Registration Sec	ction	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK BLUE CAPITAL, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	<u>:)</u>
The Articles of Organization for this Limited Liability Comparation for this Limited Liability Comparation document number <a href="https://example.com/limited-liability-comparation-red-radiation-re</th><th>ny were filed on 03/16/2015</th><th> and assigned</th></tr><tr><td>This amendment is submitted to amend the following:</td><td></td><td></td></tr><tr><td>A. If amending name, enter the new name of the limited lis</td><td>ability company here:</td><td></td></tr><tr><td>Bodin Capital Partners, LLC</td><td></td><td></td></tr><tr><td>The new name must be distinguishable and contain the words " lia<="" limited="" td=""><td>ability Company," the designation "LLC"</td><td>or the abbreviation "L.L.C."</td>	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10
(Principal office address MUST BE A STREET ADDRESS)		
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter t</u>	the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 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>	Name	<u>Address</u>	Type of Action
			□Add
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