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SECRETARY OF STATE
ALL AHASSEL FLORID.

APR 17 2020

COVER LETTER

TO: Registration S Division of Co			
MASTER:	S BIMINI BASIN LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TASHA A. WARNOCK		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	THE LEVINS & WARNO	OCK LAW GROUP	
		Firm/Company	
	6843 PORTO FINO CIRC	TLE	
		Address	
	FORT MYERS, FLROID.	A 33912	
•	TWARNOCK@LEVINSL	City/State and Zip Code	
		to be used for future annual report not	(fication)
For further information c	concerning this matter, please c	•	
TASHA A. WARNOCK		239 437-1197	
Name c	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	1x \$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 Registration 5	Section	<u>Street Address:</u> Registration Se	ction
Division of C P.O. Box 632		Division of Cor	rporations
Tallahassee, I		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

BIMINI BASIN LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/03/2020}{1}$ ____ and assigned Florida document number 1.20000009924 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MASTERS BIMINI BASIN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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>	<u>Address</u>	Type of Action
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ated	Signature of a member or authorized repro	esentative of a member	

Filing Fee: \$25.00