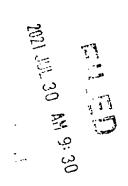
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COVER LETTER

Section Proporations		
Гегтасе . LLC		
Name of Lin	nited Liability Company	
William Huseman, PA		
	Name of Person	
William Huseman, PA		
	Firm/Company	
9310 Old kings Road south	h, suite 702	
	Address	
Jacksonville, FL 32257		
whuseman@jaxattys.com	City/State and Zip Code	
		ourt notification)
	904 591-4 at()	
f Person	Area Code	Daytime Telephone Number
ne following amount:		
S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Person Terrace . LLC Nume of Lin Nume of Lin Nume of Lin Remail and fee(s) are substance on the following amount: S30.00 Filing Fee &	Perrace . LLC Nume of Limited Liability Company f Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following: William Huseman, PA Name of Person William Huseman. PA Firm/Company 9310 Old kings Road south, suite 702 Address Jacksonville, FL 32257 City/State and Zip Code whuseman@jaxattys.com E-mail address: (to be used for future annual representation of the property of the prope

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Ball So Hay So So Blossom Terrace, 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 C	Company were filed on 7/13/2021	and assigned
Florida document number 1.21000320371		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	733
	, F	lorida
	City	lorida 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>	<u>Name</u>	Address	Type of Action
MGR	EIG, LLC	9310 OLD KINGS ROAD SOUTH, SUITE 702	□Add
		JACKSONVILLE, FL 32257	
			□Change
MGR	EIG IV. LLC	9310 OLD KINGS ROAD SOUTH, SUITE 702	■Add
		JACKSONVILLE, FL 32257	
			□Change
			□Add
			□Remove
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ote: If the date inserted in this	ast be specific and o block does not mo	cannot be prior to cet the applicab	date of filing or mor le statutory filing	e than 90 days after t requirements, this	illing.) Pursuant to 605.020
ocument's effective date on the	Department of St	ate's records.	ie siaddony filling	requirements, this	date will not be using a
record specifies a delayed effect	ve date, but not a	n effective time	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th
is filed.					and some day areas an
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