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SECRETARY OF STATE FALLAHASSEELFLORID!

COVER LETTER

Division of Co	rporations		
CITOTICZEC	y Creek Ranch, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
rease return arrectivesp	onderec concerning this matter	to the following.	
	John D. Baker II		
		Name of Person	
	Billingsley Creek Ranch, I	LLC	
		Firm/Company	
	200 West Forsyth Street, 7	th floor	
	<u> </u>	Address	<u> </u>
	Jacksonville, FL 32202		
		City/State and Zip Code	
	lpowers@patriottrans.com		
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Linda Powers		904 858-9146	
Name	of Person	at () Area Code Daytir	ne 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 Addre		Street Address:	
Registration	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of	
Tallahassee,			pe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Billingsley Creek Ranch, LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number L07000016217	rticles of Organization for this Limited Liability Company were filed on February 12, 2007 a document number L07000016217		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited l	liability company here:		
Billingsley Creek Ranch Idaho, LLC			
he new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" or	the abbreviation "L.L.C."	
inter new principal offices address, if applicable:		FALL FALL	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	AH.	
		ASS A	
nter new mailing address, if applicable:		 / ·	
Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
		——————————————————————————————————————	
3. If amending the registered agent and/or registered offi gent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>enter the</u>	name of the new regis	
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street address		
	omer rioriaa sireet aaaress		
	Florid		
	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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
			□Change
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cord specifies a delayed effective date, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b)	The 90th	day after th
s filed.					
ed 2/11/20					
Am) Salu To Signature of a member	·				
Alm D Bally Th					
Signation by a member	r or authorized re	presentative of a me	mber		
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