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COVER LETTER

TO: Registration : Division of Co					
	NNERS CIRCLE, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	WILLIAM D ALCOCK				
		Name of Person			
	BDL WINNERS CIRCLE	E, LLC			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	4215 S FLORIDA AVEN	UE			
		Address			
	LAKELAND FL				
	33813	City/State and Zip Code			
		to be used for future annual report no	otification)		
For further information	concerning this matter, please c	all:			
WILLIAM D. ALCOC	K	863 255-0325			
Name	of Person	at () Area Code Dayti	me 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 Registration Division of		Street Address: Registration S Division of Co			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BDL WINNERS CIRCLE, LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on o Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C	ompany were filed on NOVEN	1BER 16,2009 and a	ssigned	
lorida document numberL09000110149	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviation "	L.L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	PESS)	 		
		1		
		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
Inter new mailing address, if applicable:		<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	l office address on our record	s, <u>enter the name of the n</u>	<u>ew registo</u>	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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 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>	Name	Address	Type of Action
MBR	ANTHONY TABONE	141 FERNERY ROAD #E4	
		LAKELAND, FL 33809	≅Remove
			☐ Change
MBR	JAMES H. CORKRAN	41 FERNERY ROAD #E4	
		LAKELAND, FL 33809	≣Remove
			☐ Change
			□ Add
			□Remove
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			, 🗀 Add
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		<u> </u>	<u> </u>	·			
ffective date, if other that an effective date is listed, the lote: If the date inserted in ocument's effective date of the da	date must be specific and ithis block does not n in the Department of S	cannot be prior to oneet the applicable tate's records.	late of filing or more the statutory filing rec	uirements, this d	ing.) Pun ate will	not be	listed a
is filed.			,	c cumer on (b)	70.	iii aay a	iter th
		2024					

Filing Fee: \$25.00