1/11/22, 5:07 PM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUEPEARL TEXAS, LLC

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S. PRATHER

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Page: 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		7. SS	
BluePearl Texas, LLC		JAN	-17
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	12 SSEE	
The Articles of Organization for this Limited Liability Company	were filed on 07/16/2012	and Sylgnes III	U
Florida document number L12000092026		TATE ORIC	
This amendment is submitted to amend the following:		». Q	
A. If amending name, enter the new name of the limited liabi	dity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."	-
Enter new principal offices address, if applicable:			~
(Principal office address MUST BE A STREET ADDRESS)			-
		<u> </u>	-
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX)			-
			_
B. If amending the registered agent and/or registered office a	iddress on our records, enter the name	of the new registe	<u>ered</u>
agent and/or the new registered office address here:			
Name of New Registered Agent:			_
New Registered Office Address:	Emer Florida street address		
	, Florida		_
	Сіў	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fo provided for in Chapter 605, F.S. Or, i	miliar with and Lithis document is	

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:

From: Kaity Toon

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
Manager	Darryl S. Shaw	2950 Busch Lake Blvd., Tampa, FL 33614	□Add
			■ Remove
			□ Change
Manager	Nicholas R. Nelson	2950 Busch Lake Blvd., Tampa, FL 33614	
			□Remove
			Change
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			□Remove
			□Change

Page: 6 of 6

From: Kaity Toon

D. If amending any other informa	tion, enter change(	s) here: <i>(Attaci</i>	h additional sheets, i	f necessary.)			
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	lock does not meet the	e applicable statu	ming or mean man as our	(optional) s after filing.) Pur- ts, this date will	suant to 60: not be list	5.0207 ( ted as il	3Kb) he
If the record specifies a delayed effective record is filed	ve date, but not an crit	setive time, at 12	[1] a m on the earlier	of (b) The 90	th day after	er the 2022	
Dated5	202	2 .			TALLAHASSEE, FLORIO	2022 JAN 12 AM 11: 15	. 1
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