L15000091945

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200273292572

05/29/15--01014--003 **25.00

15 MAY 29 PH I2: 21

JUN - 1 2015

T. BROWN

COVER LETTER TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: James Grant Patterson Bluff Springs, LLC Firm/Company GOI North Gay St, F-102 Auburn, AL 36830 City/State and Zip Code E-mail address: (to be used for fature annual report notification) For further information concerning this matter, please call:

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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| - ARTICI | LES OF AMENDMENT |
|--|---|
| | TO |
| ARTICLI | ES OF ORGANIZATION |
| | OF ACCOUNTS |
| 01.00 | Ay, and an area of the second |
| Bluft Spring | IS, LLC |
| (<u>Name of the Limited Liat</u> (A Flor | ES OF AMENDMENT TO ES OF ORGANIZATION OF S L C bility Company as it now appears on our records.) rida Limited Liability Company) |
| The Amieles of Organization for this Limited Liebility | 4 1 221/41 |
| The Articles of Organization for this Limited Liability | · · · · · · · · · · · · · · · · · · · |
| Florida document number <u>L 15000091</u> | <u>44</u> ,5 |
| This amendment is submitted to amend the following: | : |
| A. If amending name, enter the new name of the li | imited liability company here: |
| | |
| The new name must be distinguishable and contain the words "I | itions, LLC Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| , and the second | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET AD) | DRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| B. If amending the registered agent and/or reg | gistered office address on our records, enter the name of the new |
| registered agent and/or the new registered office a | ddress here: |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| New Negistered Office Address: | Enter Florida street address |
| | Tilosida |
| | , Florida |

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | □ Add |
| | | | ☐ Remove |
| | | | □ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | |
| | | | □ Add |
| | | | □ Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |

| • | |
|----------|---|
| , | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - Effect | ive date, if other than the date of filing: $\frac{5}{37}$ (optional) |
| Note: | ive date, if other than the date of filing: 5/2/1/5 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | <u>5/27</u> , <u>2015</u> . |
| | Signature of a member or authorized representative of a member |
| | James Grant Patterson Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00