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COVER LETTER

SUBJECT:		IIGHLAND LLC		
SUBJECT		Name of Limit	ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	d Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return	n all correspon	ndence concerning this matter to	o the following:	
		KATHERINE TIPITINO		
			Name of Person	
			Firm/Company	
		2190 BELCHER RD S SUI	ТЕ В	
			Address	
		LARGO FL 33771		
			City/State and Zip Code	
		KATHY@PROLUXEPROP		
		E-mail address: (to	o be used for future annual report notifi	ication)
For further i	information co	oncerning this matter, please cal	11.	
KATHY TI	PITINO		727 532-3020 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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

TO:

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

BCLP 3-1 HIGHLAND LLC		
(Name of the Limited (A	Liability Company as it now appears on our r Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document number L15000102818	pility Company were filed on 06/12/15	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	· · · · · ·
(Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	OX) r registered office address on our re	cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registabeing filed to merely reflect a change in the recompany has been notified in writing of this change in the company has been notified in writing of this change in the	r and complete performance of my duti ered agent as provided for in Chapter egistered office address, I hereby confit	ies, and I am familiar with and 605 F.S. Or, if this document is rm that the mainted liability ARE ARY

Page 1 of 3

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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RYAN STUDZINSKI	2190 BELCHER RD S SUITE B	Add
		LARGO FL 33771	■ Remove
			Change
····			
			□ Remove
			☐ Change
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Filing Fee: \$25.00