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COVER LETTER

TO: Registration Solution of Co			
SUBJECT: B+	C Commonty M	Janagement LLC	
	Name of Em	шед (лавину Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ch	ALLOS E. KUNATH	
		COMMUNITY MANAGEN Firm Company	
		Firm Company	
	350	4 Ridge Blod	
		Address	
	/A/s	M HARBOR F1 3468	4
		MANA GENERAT B	
	E-mail address; (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Charles	E KUNATH	at (<u>727</u>) <u>239-</u> Area Code Dayting	5991
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 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**

B+C. COMMUNITY MI	ANAJEMENT L	4C.	
(<u>Name of the Limited Liability/Compa</u> (A Florida Limited I	ny as it now appears on Jiability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>ムカタのカタタラト</u> .	were filed onZ	<i>1-</i> <u>J 9 </u>	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		
			6 188
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		UN III
			81 1 0H
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our <u>e</u> :	r records, <u>enter the na</u>	ime of the new
Name of New Registered Agent:	WA		
New Registered Office Address:	Enter Florida si	turner at taxas	
	t.nter Psoriaa si	reci daaress	
	Cin	Florida	iode
New Registered Agent's Signature, if changing Registered Agent:	~n,	7.47 (, 17441

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>	<u>Name</u>	Address	Type of Action
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			Change
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		11,200		or authorize						

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