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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|--|--|---|----------------------|
| subject: <u>BSP</u> | PROPERTIES LLC Name of Limit | ited Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspon | ndence concerning this matter | to the following: | | |
| | MIAMI, | Name of Person PERTIES LLC Firm/Company 11745 ST Address City/State and Zip Code Cod | | FALLAHASSEE, FLORIUM |
| | | \ | ication) | |
| FRED T | Person | at(305) 206- | - 97-73 Telephone Number | |
| Enclosed is a check for the | e 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

| BSP PROPERTIES | UC | | |
|--|---|------------------------------|--------------|
| (Name of the Limited Liability C (A Florida Lim | ompany as it now appears on our nited Liability Company) | r records.) | - |
| The Articles of Organization for this Limited Liability Complete Florida document number | pany were filed on $\frac{10}{100}$ | 3/16 and a | assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation | on "LLC" or the abbreviation | T.L. Comple |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES | <u>S)</u> | • | 28 SER |
| | - | | # mor |
| | | | . G |
| Enter new mailing address, if applicable: | | | 8 B |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | records, enter the nam | e of the new |
| | | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| New Registered Office Address: | | | |
| | Enter Florida stree | et address | |
| | | , Florida | |
| | City | Zip Coo | le |
| New Registered Agent's Signature, if changing Registered Agent | gent: | | |

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 = Mar AMBR = Aut | nager thorized Member | | |
|---|---------------------------------------|---|-----------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR HBR | Mark D. Hyde | 41 NE 107 5T, HIAMI, FO 3310 | – ₩ Add |
| | | <i>3</i> | Remove |
| | | | Change |
| | · · · · · · · · · · · · · · · · · · · | | □ Add |
| | | | Remove |
| | | · | SECRETARY TALLAHASSE GROUP OCTOR |
| | | | Prove Cr. T. CRIBA |
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| If an effective date is listed, Note: If the date inserte | than the date of filing: 10 24 14 | (optional) ing or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed |
| he record specifies a The 90th day afte | delayed effective date, but not an effective record is filed. | ctive time, at 12:01 a.m. on the earlier |
| Dated October | 24, 2014. | |
| | Signature of a member or authorized repres | 8L |

Page 3 of 3

Filing Fee: \$25.00

Certificate of Status

I certify from the records of this office that BSP PROPERTIES LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on October 03, 2016, effective October 03, 2016.

The document number of this company is L16000183343.

I further certify that said company has paid all fees due this office through December 31, 2016, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15. [3] Florida Statutes, and authenticated by the code noted below.

Authentication Code: 161003160000-400290849404#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the



Ken Detzner Secretary of State

Third day of October, 2016