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COVER LETTER

IIR IECT.	United Count	Hometown Realty LLC		
banci		Name of Lim	ited Liability Company	
ie enclosed /	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
ease return a	all correspond	lence concerning this matter	to the following:	
		Ronald Sykes		
			Name of Person	
		United Country Hometown	Realty LLC	
			Firm/Company	
		P.O. Box 115		
			Address	
		Bristol, FL 32321		
			City/State and Zip Code	- · · ·
		tsykesemail@gmail.com	to be used for future annual report not	(Testion)
or further inf	ormation cor	neerning this matter, please ea		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
onald Travis		-		
	Name of F	Person	850 570-4212 at ()	ne Telephone Number
iclosed is a c	check for the	following amount:		
≝ \$25.00 Fil	ling 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)
<u>Maili</u>	ing Address:		Street Address:	

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United Country Hometown Realty LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $^{1/20/2017}$ Florida document number 1.17000015891 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bristol Offices LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 10564 20 SR NWBRISTOL 32321 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 115 Bristol, FL 32321 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			
			□Remove
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.ffective date, if other than t an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nust be specific and cannot block does not meet the	applicable statutory f	(option or more than 90 days after fil iling requirements, this d	ing.) Pursuant to 605,0207
record specifies a delayed effect is filed.	ive date, but not an effec	ctive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after the
March 22	2022			
atad		·		
Dated	Ni —			
Ponelil J	Signature of a member of	or authorized representa	tive of a member	

Filing Fee: \$25.00