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COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT:	. •	Holdings LCC ed Liability Company	· ·	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.		
Please return all correspond	ence concerning this matter to	the following:		
	110	X AdamS Name of Person		
		Medilaw f		
	2151	S. Ceflune Address C1961es, FC,	RD #506	
		City/State and Exp Code		
	IN + O Q) E-mail address: (to	The used for future annual report notifi	n.COM cation)	
For further information con	cerning this matter, please cal	1: , ·		
llax	Adams	at (SOS) 44C	1 - 3484	
Name of P	erson	Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	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

BSP1 +	101dings (LC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now, appears o	n our records.)	 ·	
The Articles of Organization for this Limited Liability Company we Florida document number		21 ∞ .	√Z and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here	:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	gnation "LLC" or the ab	breviation "L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	j 9097 Boca	EU1 OIL,	Lalbelle FL, 3	- <u>2</u> nl '3498'
B. If amending the registered agent and/or registered office address here:		ur records, <u>enter</u>	the name of the	new
Name of New Registered Agent:			- F	å 2
New Registered Office Address:	Enter Florida	street address	N F	THE CO
		, Florida	- 7 î	Ø
	City		Zip Code	A.

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

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
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	S	Signature of a n	nember or ent	horized represe	ntative of	member		23	FILE
		/						목	-
			Typed or prin	nted name of sig	gnee			}	STATE OF STATE

Filing Fee: \$25.00