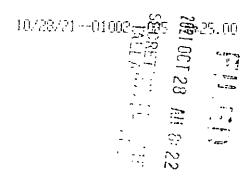
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations		
and the second	Blue Moun	tain Warehouses, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	Name of Limited Liability Company  and fee(s) are submitted for filing.  erning this matter to the following:  D. Gautier  Name of Person  s. Gautier, Gwynn, DeLoach & Kiker, PA  Firm/Company  Ita Blvd.  Address  see. Florida 32303  City/State and Zip Code  utier@williamsgautier.com  E-mail address: (to be used for future annual report notification)  is matter, please call:  at (  Area Code Daytime Telephone Number  amount:  Piling Fee & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section	
Please return	all correspo	Name of Limited Liability Company  unendment and fee(s) are submitted for filing.  dence concerning this matter to the following:  Russell D. Gautier  Name of Person  Williams. Gautier, Gwynn, DeLoach & Kiker, PA  Firm/Company  2010 Delta Blvd.  Address  Tallahassee, Florida 32303  City/State and Zip Code russell.gautier@williamsgautier.com  E-mail address: (to be used for future annual report notification)  neerning this matter, please call:  at (S0 / Area Code)  Person  at (Area Code)  Daytime Telephone Number  **Efollowing amount:  S30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (radditional copy is enclosed)  Street Address:		
		Russell D. Gautier		
			Name of Person	
		Williams, Gautier, Gwynn	, DeLoach & Kiker, PA	
			Firm/Company	
		2010 Delta Blvd.		
			Address	
		Tallahassee, Florida 32303	1	
			City/State and Zip Code	
		_ — —		
		E-mail address: (	to be used for future annual report not	tification)
For further in	nformation c	oncerning this matter, please co	all:	
Russell D. G	iautier			
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	iling Addres gistration S			ection
-	•	orporations	Division of Co	
	). Box 632	•	The Centre of	
Tal	lahassee, l	PL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Company as it now ap	nnears on our records.)	
A. C. A. C.	(A Florida Limited Liability Compa	iny)	
The Articles of Organization for this Limited Ι	iability Company were filed or	n July 13, 2017	and assigned
Florida document number 1.17000150074			
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	<u>vy here</u> :	
Palmer Construction Management, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)	:[Fi]	202
		,20 ,20 ,20	
			2
Enter new mailing address, if applicable:		`	ය ී
(Mailing address MAY BE A POST OFFICE BOX)			
			ç: - <del>-</del> - <u>γ</u>
	<del></del>	2:1	N
B. If amending the registered agent and/or	4.	ur records, enter the name	of the new regis
agent and/or the new registered office addre	ess here:		
	Gina M. Garcia		
Name of New Registered Agent:	Gina W. Garcia		
New Registered Office Address:	90 WRM Circle, Unit 1		<u> </u>
	Enter	r Florida street address	
	Santa Rosa Beach	, Florida	9
	City		Zip Code

## 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 Begistered 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
MGR	Gina M. Garcia	90 WRM Circle, Unit 1	_ ■Add
		Santa Rosa Beach, FL 32459	□Remove
			□Change
MGR	Jordan R. Palmer	90 WRM Circle, Unit 1	<b>≡</b> Add
		Santa Rosa Beach, FL 32459	□Remove
			Change
			00 Add 7
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Note: If			ter the
<u>Note:</u> If documen	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90.	0th day aft	
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Filing Fee: \$25.00