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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| BR Winder | | | | | |
|----------------------------|--|---|-----------------|---------------|----------|
| SUBJECT: | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | | | |
| Please return all correspo | ondence concerning this matter t | to the following: | | | |
| | Scott Anderson | | | | |
| | | Name of Person | - | - | |
| | BR Windermere LLC | | | | |
| | | Firm/Company | | - 25 | |
| | 8965 Conroy Windermere | Rd | | 2022 0-6 22 | : |
| | · · · · · · · · · · · · · · · · · · · | Address | | 22 |)) |
| | Orlando, FL 32835 | | | , | p:// 2: |
| | | City/State and Zip Code | | <u> </u> | <u>ب</u> |
| | scott@blackrockfranchise.co | om to be used for future annual report notific | ation) | | ب اکن |
| | | | action, | | |
| For further information of | concerning this matter, please ea | att: | | | |
| Scott Anderson | | 407 448-6250 at () | | | |
| Name o | of Person | Area Code Daytime T | Felephone Numbe | r | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of Status | |

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

Street Address: 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

| BR Windermere LLC | | | | |
|---|--|--------------------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited L | nv as it now appears on our record liability Company) | <u>ls.</u>) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L17000259095 | were filed on 12/21/2017 | and 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 | lity Company," the designation "LLC | " or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 8128 Jailene Dr | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Windermere, Fl. 32835 | | | |
| Enter new mailing address, if applicable: | | 5.00 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter</u> | the name of the new registere | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street addre. | 2.9 | | |
| | , Fl | lorida | | |
| | 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 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 |
|--------------|------------------|-----------------|----------------|
| AMBR | Georgene Perlman | 7417 BAY DR. | |
| | | TAMPA, FL 33635 | ■Remove |
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| Fective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blockerment's effective date on the Dep | be specific and cannot be pack does not meet the app | ior to date of filing or | r more than 90 days after | filing.) Pursuant to | o 605.0207 e listed as |
| ecord specifies a delayed effective as filed. | date, but not an effectiv | e time, at 12:01 a.n | n, on the earlier of: (b |) The 90th day | after the |
| December 16 | 2022 | · | | | |
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