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## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: B	luft Spring H	oldings, LLC	
	Name of Limited	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are submi	ued for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Bluff Socion	cey Harris Name of Person	2023 1
	3300 SR	Firm/Company  Address	2023 HAR 27 ALL 9: 12 State 1 1 1 2 EFE 2003 HAR 27 ALL 9: 12
	tunta Oo	rda FL 33° City/State and Zip Code	182 7 7 7 7
	Stacenhari	e used for future annual report notificat	Conjon)
For further information c	oncerning this matter, please call:		
SHA CEU Name o	Harris Person	at ( <u>270)</u> <u>836-</u> Area Code Daytime Te	3710 lephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corpor The Centre of Talla	
Tallahassee, I	FL 32314	2415 N. Monroe St	treet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bluff Spr	ring Ho	ildinas ILC				
( <u>Name of the Limited).</u> (A F	ability Company lorida Limited Liab	as it nowappears on our resility Company)	ecords.)		_	
The Articles of Organization for this Limited Liabili		ere filed on $\frac{1}{2}$ – $\frac{2}{3}$	9-201	<u> </u>	l assigno	ed
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liabilit	y company here:				
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designation	"LLC" or the	abbreviatio	n "L.L.C.	**
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET AL	_	3300 SR Punta G	3) orda,	PL:	 3398	<u></u> 3 <u>る</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	- ù	NA		  	2023 NAR 27	t iters
B. If amending the registered agent and/or regist agent and/or the new registered office address he		lress on our records, <u>e</u>	nter the na	me of-the	nov re	egistered
Name of New Registered Agent:  New Registered Office Address:	54x	Enter Florida street a	ddress			
_	Punta	Gorda	_, Florida _	FL	339	<u> 182</u>

## 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 Sent, 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
AMBR	Stacey Harris	3300 SR 31 Punta Good, \$	E IEAdd
			Remove
			□Change
		<del></del>	□Add
			□Remove
			☐ Remove
			Pres □Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Add
			□Remove
			Change
	•		□Remove
			Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Filing Fee: \$25.00