<u>L18000 /24899</u>

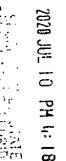
| (Requestor's Name) | | | | |
|-----------------------------------------|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status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



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COVER LETTER

TO:

| | ation Section of Corporations | |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| SUBJECT: | LP S1-Grady LLC | |
| SUBJECT: _ | Name of Limited Liability Company | |
| The enclosed | icles of Amendment and fee(s) are submitted for filing. | |
| Please return : | correspondence concerning this matter to the following: | |
| | Peggy Tseung | |
| | Name of Person | |
| | BCLP S1-Gandy LLC | 702 TAI |
| | Firm/Company | 2 |
| | 6911 PISTOL RANGE RD, 101B | 2020 JUL 10 PH 4: 1 |
| | Address | |
| | Tampa, FL 33635 | |
| | City/State and Zip Code peggy@broomecapital.com | <u> </u> |
| | E-mail address: (to be used for future annual report notification) | |
| For further inf | nation concerning this matter, please call: | |
| Peggy Tseung | 917 202-3910 at () | |
| | Name of Person Area Code Daytime Telepho | ne Number |
| Enclosed is a | ck for the following amount: | |
| ■ \$25.00 Fi | (Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Reg Divi P.O. | Address: ration Section rot of Corporations ox 6327 ration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303 | see |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BCLP ST-Grady LLC | | |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | <u>iv as it now appears on our re</u> iability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Company | were filed on 5/18/18 | and assigned |
| Florida document number L18000124899 . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| BCLP S1-Gandy LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 702 |
| Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | |
| | | P |
| Enter new mailing address, if applicable: | | 9 : 1 · 1 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | - | ······································ |
| 3. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>e</u> | nter the name of the new regi |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | <u> </u> | , Florida |
| | 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 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 = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|---------------------------------------------------------------------------------|
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Typed or printed name of signee