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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Se Division of Cor			
CUBIC		0 S. OBT, LLC		
SUBJE	.C1:	Name of Lim	ited Liability Company	····
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Blake Fletcher		
		-	Name of Person	
			Firm/Company	
		4510 NW 6th Place, 3rd	Floor	
			Address	
		Gainesville, FL 32607		
			City/State and Zip Code	
		blake@thefletchercompa	nies.com to be used for future annual report notifi	cution
For fur	ther information co	oncerning this matter, please ca	•	cationy
Amy G	Gnann		352 224-6400	
	Name of	f Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	i.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

BSBC 6900 S. OBT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 12, 2018 Florida document number L18000168993 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BSBC 6920 S. OBT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4510 NW 6th Place, 3rd Floor Enter new principal offices address, if applicable: Gainesville, FL 32607 (Principal office address MUST BE A STREET ADDRESS) 4510 NW 6th Place, 3rd Floor Enter new mailing address, if applicable: Gainesville, FL 32607 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Name</u>	Address	Type of Action	
			🗅 Add	
			□ Remove	
			Change	
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an effecti lote: If	e date, if other than the date of filing:
The 90	rd specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of: 0th day after the record is filed.
ated	Vuly 26 . 2018 .
	Signature of a member or authorized representative of a member
	Blake Fletcher Typed or printed name of signee
	ENUICE FICHER

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Filing Fee: \$25.00