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то:	 Registration Sec Division of Corp 		, , , , , , , , , , , , , , , , , , ,	" ∴
SUBJI	ест:	BNJ, LL(Name of Lin	nited Liability Company	<u>,</u>
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Piease	return all correspon	dence concerning this matter	to the following:	
		Ne:11	M SugleTon Name of Person	· · · · · · · · · · · · · · · · · · ·
	-		Firm/Company	· · · · · · · · · · · · · · · · · · ·
		508 S. H.	Address Lights L	Ir.
			Address	
		Poute Ve	Ava, FL 320 City/State and Zip Code	081
	• •	E-mail address: (Coin CAST. ne T.: 1. to be used for future annual report noti	fication)
For fur	ther information cor	ncerning this matter, please c		
	• ;	्रा सुद्धाः स्टब्स	at (904) 3/8-2	9440
	Name of I	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for the	following amount:		
⊡ \$2:	5.00 Filing Fee	☐ \$30.00 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 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

TBNI	, LLC.	
	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L/80W (76 244</u>	Company were filed on	1/4 33, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, 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 amending Autor 'zed 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 Ox C Harbon City A	Type of Action
Mya	JAME D. Singleton	Address 508 S. Harbor Lights Dr - Poute Wedra, FL 32081	`. 🗹 Add
			□Remove
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Note:	ve date, if other than the date of filing:
e recor	d 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 ed.
Dated	October 30th, 2023.
	October 30 m., 2023. Signature of a member or authorized representative of a member
	Neill M. Single Ton Typed or printed name of signee