

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

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Account Number : 119990000255
Phone : (561) 844-3700
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: md@gds-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BF TALLAHASSEE, LLC

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|-----------------------|---------|
| Certificate of Status | 0 |
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SEP 23 2021

M. SOLOMON

2021 SEP 22 PM 4:02

TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BF TALLAHASSEE, 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 10/24/2018 and assigned
Florida document number L18000250038.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

701 U.S. HIGHWAY ONE, SUITE 402

NORTH PALM BEACH, FL 33408

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

701 U.S. HIGHWAY ONE, SUITE 402

NORTH PALM BEACH, FL 33408

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: LAWRENCE W. SMITH, ESQUIRE

New Registered Office Address: 701 U.S. HIGHWAY ONE, SUITE 402

Enter Florida street address

NORTH PALM BEACH, Florida 33408

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.

Lawrence W. Smith

If Changing Registered Agent, Signature of New Registered Agent

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|---------------------------------|--|
| MGR | KEVIN COOPER | 105 US HWY 1 | <input type="checkbox"/> Add |
| | | NORTH PALM BEACH, FL 33408 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JOHN ROSATTI | 701 U.S. HIGHWAY ONE, SUITE 402 | <input checked="" type="checkbox"/> Add |
| | | NORTH PALM BEACH, FL 33408 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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.

Dated September 21, 2021

John Rosatti

Signature of a member or authorized representative of a member

JOHN ROSATTI

Typed or printed name of signee

Filing Fee: \$25.00