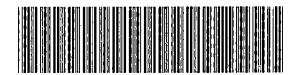
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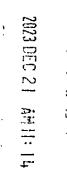
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COVER LETTER

TO: Registration Division of (r Section Corporations		>
SUBJECT:	Bent Tree Name of Limit	Pudelpointer ited Liability Company	<u>s</u> LLC
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	St	-ephen Mills Name of Person	
	Bent Tre	EE Pudelpointe	rs LLC
			Lane Sule 255
	Live Oals PUE E-mail address: (1)	City/State and Zip Code 30 1 2055 (a) to be used for future annual report notified.	ME. Com
For further information	on concerning this matter, please co	ail:	
S	rephen Mills me of Person	at (904) 4 Area Code Daytime	12-8065 e Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 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 Add	dress:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

Bent Tree	- Pudelpointers	LLC
(<u>Name of the Limited Liability</u> (A Florida	y Company as it aby appears on our recor Limited Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Co Florida document number $\underline{L} 1900049$	ompany were filed on 210	12019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Ben The new name must be distinguishable and contain the words "Limit	· -	ns LLC
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>SAME</u>	201 101
(Principal office address MUST BE A STREET ADDR	ESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	SAME	7023 DEC
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	City . F	lorida 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 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
			□Add
		□Remove	
			□Change
			□Add
		Remove	
			□Change
		□Add	
			□Remove
			□Change
			□Add
		□Remove	
			□Change
	 	Remove	
			□Change
		□Add	
		□Remove	
			□ Change

11 211	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an e <u>Note:</u>	tive date, if other than the date of filing:
rd is t	
Datec	December 18, 2023
	Signature of a member or aythorized representative of a member
	· · · · · · · · · · · · · · · · · · ·
	Stephen M.115 Typed or printed name of signee

Filing Fee: \$25.00