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COVER LETTER

| TO: | Registrat Division o | | | | |
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| SURIF | ~ * * * | | = | | |
| JOBSEC | ~ • · · | | Name of Lim | ited Liability Company | |
| The encl | osed Artic | les of A | mendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all co | rrespon | dence concerning this matter | to the following: | |
| | | | Britton A. Bartlett | | |
| | | | | Name of Person | |
| | | | | | |
| | | | | Firm/Company | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | 345 Cox Road | nitted for filing. o the following: Name of Person opment LLC Firm/Company Address 2461 City/State and Zip Code o be used for future annual report notification) II: 850 at | |
| | | | | Address | s60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | Santa Rosa Beach, FL 3 | 2461 | |
| | | | brittonbartlett@gmail.com | * | |
| | | | | | n) |
| For furth | er informa | ation cor | ncerning this matter, please ca | all: | |
| Britton A | A. Bartlett | t | | | |
| | , N | lame of I | Person | | phone Number |
| Enclosed | l is a check | c for the | following amount: | | |
| ≡ \$ 25. | 00 Filing E | Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Mailing A Registra | | | Street Address: Registration Section | |

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

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

B&D Holdings and Development LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| | | 44 14 44 |
|--|--|---------------------------------------|
| The Articles of Organization for this Limited Liability | Company were filed on 9/12/2019 | and assigned |
| Florida document number L19000231113 | | |
| This amendment is submitted to amend the following: | | |
| mis attendment is submitted to affelid the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| | | |
| The new name must be distinguishable and contain the words "Li | mited 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 ADD | (PFCC) | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| 3 | | |
| | | |
| 3. If amending the registered agent and/or registered | ed office address on our records, enter- | the name of the now registe |
| gent and/or the new registered office address here: | enter | the name of the new registi |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | isiter i fortua Street address | ı |
| | Flo | rida Zip Code |
| | 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 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

| Title | Name | Address | Type of Action |
|-------------|-------------------|--|----------------|
| MGR | Devereux Bartlett | 345 Cox Road, Santa Rosa Beach, FL 32459 | = Add |
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| Effective date, if other than the date of filing: [Optional] In effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Note: If the date inscreted in this block does not meet the applicable statutory filing requirements, this date will not be listed as focument's effective date on the Department of State's records. Precord 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 dis filed. 2020 Signiture of a member or authorized representative of a member Britton A. Bartlett | | | | | | | |
|--|-------------------|-----------------------------|-------------------------|-------------------------|------------------------|-------------------------|---------------|
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Filing Fee: \$25.00