Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (514)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email /	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LBWLP MANAGEMENT COMPANY, LLC

بالأمارات الأخبيب ويوسيس كالمارات الشفيفي وينفي المؤران بيبس والمراوية	
Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I.BWLP Management Company, LLC (Name of the Limited Liability Company a	s it now unnever an our records	
(A Florida Limited Light	hty Company)	
The Articles of Organization for this Limited Liability Company were	re filed on October 12, 2020	and assigned
Florida document number L20000311708		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
Atlantic Land & Lakes Management, LLC		:
The new name must be distinguishable and contain the words "Limited Liability C	lompany," the designation "LLC" or the	abbreviation "ISDC."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		¥ 0.0
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		•
_		
B. If amending the registered agent and/or registered office add	ress on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
Name of Name Designated Association		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Frontier street (taures)	
	. Florida	
	Cîty	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.

_____ □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 = Ma AMBR = Au	inager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
 			□Add
			[]Remove
			□ Change
			[]Remove
			□Change
			□Add
			□Remove
			□ Change
			C) Add
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			Change
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			Remove

Tc: 18506176383

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