L21000079149

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2022 OCT -6 PM 3: 48 SECRETARY OF STATE TALLAHASSEF EN



Registration Section
Division of Corporations

TO:

Name of Lin ment and fee(s) are sub concerning this matter in R Blanton BC	-		
concerning this matter in R Blanton	to the following:		
in R Blanton			
	Name of Person		
BC	Name of Person		
BC			
	Firm/Company		······································
NW Catifish Way			
	Address		
lison, FL 32340			
	City/State and Zip Code		
cmadison@gmail.com			
E-mail address: (to be used for future annual i	report notifical	tion)
g this matter, please c	all:		
	850 673	3-6699	
	Area Code	Daytime To	elephone Number
ring amount:			
	Certified Copy		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisior The Cer	ntion Section of Corpor	rations ahassee
	ring amount: 60.00 Filing Fee & Certificate of Status	at (at () 673-6699 at () Area Code Daytime To Area Code Daytime To Daytime To S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporation

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 OCT -6 PM 3: 48

The 701 Madison LLC

(Name of the Limited Liability Company as it now appears on our records TARY OF STATE
(A Florida Limited Liability Company) [ALLAHASSEE, FL

The Articles of Organization for this Limited Liabi		were filed on $\frac{1}{2}$	/14/2022 	and assigned
Florida document number L21000079149	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabil	ity company l	<u>here</u> :	
701BC LLC				
The new name must be distinguishable and contain the words	s "Limited Liabilit	y Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office address h Name of New Registered Agent:		ldress on our	records, <u>enter the na</u>	ame of the new registered
New Registered Office Address:				
		Enter Fl	orida street address	
_			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:			
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this characteristics.	ind complete p ed agent as pr istered office a	erformance o ovided for in	f my duties, and I ar Chapter 605, F.S. C	n familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
		411	□Change
	-		□Add
			□ Remove
			□Change
			□Add
			□Remove
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e: If the date inserted in this	oust be specific and cannot be prior to date of filin	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 by filing requirements, this date will not be listed as
cord specifies a delayed effect s filed.	ive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
July 26	2022	
	•	
Robin R Bl	artor Signature of a member or authorized represen	plative of a member

Filing Fee: \$25.00