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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email	Address:	 ;

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRISTOL STATION HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bristol Station Holdings, 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 February 26, 2021  Florida document number L21000086177	and assigned
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 ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the namagent and/or the new registered office address here</u> :	ne of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	. <del>Ţ</del>
. Florida	77
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

<u>Title</u>	Name	Address	Type of Action
AMBR	Charles B. Jacobs	381 Mallory Station Rd. Suite 204, Franklin, TN 376	067 □ Add
			Remove
			Change
			□ Add
			□Remove
			□Change
			□Remove
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fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	be specific and cannot ck does not meet th	e applicable stat	f filing or more than tutory filing requi	(optional) 90 days after filing.) rements, this date	Pursuant to 605.0207 will not be listed as
record specifies a delayed effective is filed.	date, but not an eff	ective time, at 1	2:01 a.m. on the	earlier of: (b) The	90th day after the
March 3		1			
	电影映频随声	3			

Filing Fee: \$25.00