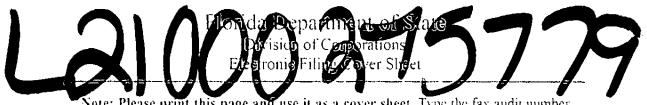
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Division of Corporations



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 😇 B.C. CLARICE, LLC

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company has been notified in writing of this change.

DocuSign Envelope ID: 964F239C-F3E2-454C-A71F-E4D0453977A1 **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION **OF**

| B.C. Clarico, LLC | | | | | | |
|--|---|---|---|---|---------------------------|-------------|
| (Name of the Lim | ited Liability Company (A Florida Limited Liab | as it now appears on our reconity Company) | ords.) | | | |
| The Articles of Organization for this Limited I Florida document number 1.21000275779 | Liability Company wo | ne filed on 6/11/2021 | | _ and ass | igned | |
| This amendment is submitted to amend the fol- | flowing: | | | | | |
| A. If amending name, enter the new name : | of the limited liabilit | y company here: | | | | |
| The new name must be distinguishable and contain the | words "Limited Liability | Company," the designation "I | J.C" or the abbre | viation "L. | L.C." | _ |
| Enter new principal offices address, if appli | lcable: | | | | | _ |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | | | - |
| | - | | <u></u> | | | |
| Enter new mailing address, if applicable: | - | | | | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | ,. | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent: | | | | | | |
| | 1200 S PINE ISLA | AND RD | 7 | | 20 | |
| New Registered Office Address: | PLANTATION | Enter Florida street ad | dress Florida 3332- | , | 30 S | |
| | PEANTATION | City | Florida 3332 | Zip Code | <u>\(\frac{1}{2} \)</u> | |
| New Registered Agent's Signature, if changing | | | | | l PH | |
| I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the | per and complete pe gistered agent as pre | to act in this capacity, i erformance of my duties ovided for in Chapter 60 | l Jurther agree : and Lam Jar 15, F.S. Or, if | r to comp vil <u>í</u> ař wit thiy docu | riy ya di ana daend | th the L |

Vathy A. Whiles Mart Secutary If Changing Registered Agent Changing Registered Agent Linchlors

DocuSign Envelope ID: 964F239C-F3E2-454C-A71F-E4D0453977A1 if amending Authorized rerson(s) authorized to manage, enter the fifle, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

To:

| Title | Name | <u>Address</u> | Type of Action |
|--------------|--------------------------|--------------------------|-----------------|
| MGR | Scan Patrick Christopher | 2402 W. Cleveland Street | |
| | | Tampa, FL 33609 | □Remove |
| | | | ■ Change |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E. Effective date, if other than the date of filing: (If an effective date is listed, 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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. |
| If the record 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 record is filed. |
| 12/7/2022 Dated |
| Sean Patrick Christopher |
| Sease Painck Clarifoldur Signature of a member or authorized representative of a member |
| Sean Patrick Christopher, Manager |
| Typed or printed name of signee |