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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
eno ic						
SUBJECT: Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		GLENN WALLACE BEN	NETT III			
	Name of Person					
		B.I.G. REAL ESTATE, LI	.C.			
	Firm/Company					
	7605B ARBLE DR. UNIT C					
	Address					
	JACKSONVILLE, FLORIDA 32211					
		BIGINVESTOR00@GMAI E-mail address: (	City/State and Zip Code L.COM to be used for future annual report no	tification)		
For furtl	her information c	oncerning this matter, please ca	all:			
GLENN	W. BENNETT	III	904 800-8399			
Name of Person			ne Telephone Number			
Enclose	d is a check for th	ne following amount:				
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## ARTICLES OF AMENDMENT FILED ARTICLES OF ORGANIZATION 2022 MAR 24 AM 6: 31 **OF**

B.LG REAL ESTATE, LLC.

company has been notified in writing of this change.

SECRETARY OF STATE

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

Florida document number 1.21000390438		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	7605B ARBLE DR.	
	JACKSONVILLE, FLORIDA 32211	
Enter new mailing address, if applicable:	7605 ARBLE DR	
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FLORIDA 32211	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		
Name of New Registered Agent: (2/cm	U. Benett III	
New Registered Office Address: 7605	5 Arble Dr Enter Florida street address	
	Enter Florida street address  ckson : 11c . Florida 3 2211  City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and	

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>	<u>Name</u>	Address	Type of Action
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		<del></del>	□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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. Dated \_ MARCH 16TH 2022 Signature of a member or authorized representative of a member GLENN W. BENNETT III

Filing Fee: \$25.00

Typed or printed name of signee