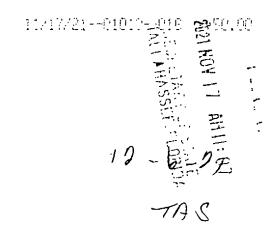
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(Business Entity Name)
(Document Number)
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COVER LETTER

Bodart Par	tners LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Scott Anderson		
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	8965 Conroy Windermere		
		Address	
	Orlando, FL 32835		
		City/State and Zip Code	
	scott@blackrockfranchise.c	om to be used for future annual report n	
For further information of	concerning this matter, please c		omeanon)
Scott Anderson		407 448-6250	
Name o	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	
Division of C	Corporations	Division of C	orporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIS Partners LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000469384</u> .	were filed on 10/28/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	
Enter new principal offices address, if applicable:		2821
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		3.5. — ·
		The state of the s
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, ent	ter the name of the new register
New Registered Office Address:	Enter Florida street add	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, provided for in Chapter 60	, and I am familiar with and 05, F.S. 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Scott Anderson	8965 Conroy Windermere Rd	□ Add
•		Orlando, FL 32835	■Remove
			Change
MGR	BR Windermere LLC	8965 Conroy Windermere Rd	■Add
		Orlando, FL 32835	□Remove
			☐ ☐ Change
			SS
			TE Remove
			□Remove
			Change
			□Add
		 	□Remove
			☐ Change
			□Add
			□Remove

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			but not an	effective t	ime, at 12:0)1 a.m. on	the earlier of	of: (b) T	he 90th d	ay after
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ecord s		, ₁		200J	onzed repre	sentative of	a member			

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Filing Fee: \$25.00