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(Reques	stor's Name)	
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A. BUTLER MAR 2 - 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
eun mer.		ENTERPRISE LLC	
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FRASER MAYNARD BO	DI.WELL	
		Name of Person	-
	BOLWELL ENTERPRISE	ELLC	
	-	Firm/Company	
	4205 COQUINA DRIVE		
		Address	
	JACKSONVILLE, FLOR	IDA, 32250	
	HOMESBYFRASER@GM	City/State and Zip Code	
		to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	
FRASER BOLWELL		904 333 0799	
Name	of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address	
Registration Division of G		Registration Division of (Section Corporations
P.O. Box 63			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 FEB 15 PM 4: 02

BOLWELL ENTERPRISE LLC

(Name of the Limited Liability Company as it now appears on our records) VI OF STATE (A Florida Limited Liability Company) TALLAY (ACSEE, FL.

The Articles of Organization for this Limited Liabi		BER 6 2021 and assigned
Florida document number <u>L21000515448</u>		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
FRASER & AMANDA BOLWELL, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company." the designat	ion "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)		
B. If amending the registered agent and/or registered office address h		s, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stre	vet address
_		Florida
	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, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
		□Remove	
			□Change
	·	□ Add	
		□Remove	
		-	□Change
 .			
			□Remove

Channe

(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 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. 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	_	
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Dated FEBRUARY 10 2022		
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Signature of a member or authorized representative of a member		Signature of a thember or authorized representative of a member

Typed or printed name of signee