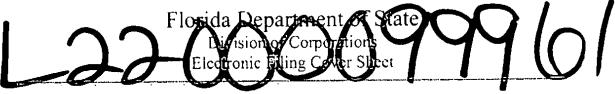
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

**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 BAINBRIDGE NOCATEE ASSOCIATES CAPITAL, LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu Corporate Filing Menu

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Page: 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bambridge Nocatee Associates Cap (Name of the Limit	ted Liability Compa (A Florida Limited L	ny as it now app lability Company	eurs on our rec	ords.)		_	
The Articles of Organization for this Limited L Florida document number L22000099961					and	l assig	ned
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name o	f the <u>limited liah</u> i	lity company	here:				
Bainbridge Ponte Vedra Associates Capital, LLC							
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," th	e designation "L	LC" or the a	hbreviatio	n "L.l	C."
Enter new principal offices address, if applic	cable:	n/a 					
(Principal office address MUST BE A STREE	ET_ADDRESS)						
					<u> </u>		
Enter new mailing address, if applicable:		<u></u>					
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>			
							_
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	iddress on our	r records, <u>en</u>	ter the nat	me of the $\rightarrow \langle x \rangle$	new 🗠	registere
agent and/or the new registered wince addre					() () ()	2022 H	
Name of New Registered Agent:	n/a				主::: ン:::	MAR	
Name of New Registered Agent.				•	SE -	<u> </u>	
New Registered Office Address:		Enter 1	Clorida street ad	dress	_ <u></u>	A	
				731 ' 1	ر 0 18	<u>5</u>	
		City	,	, Florida _		ode	=
New Registered Agent's Signature, if changing	Registered Agent:	-			⊅>	-	
Thereby accept the appointment as registered		aa to act in th	ie canacity i	l turther o	oree to i	rompli	s with the
provisions of all statutes relative to the propaction as registers accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete sistered agent as p registered office	performance provided for i	of my duties In Chapter 60	i, and Lam 95, F.S. Oi	r familia r, if this	r with docun	and ient is
	If Chu	nging Registered	Agent, Signatu	ire of New R	legistered	Agent	

To: +18506176383

2022-03-31 15:25:29 EDT

14076508411

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

Page: 3 of 4

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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Librather Irving, Authorized Representative		Signature of a member or authorized representative of a member	
	Umthor Indon Auth	prized Representative	

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