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To: Division of Corporations Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

*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 BNR PROPERTY HOLDINGS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BNR PROPERTY HOLDINGS, LLC (Name of the Limited Liability Company as it now annears on our records.) (A Florida Limited Limited Limited Company)

The Articles of Organization for this Limited Liability Company were filed on <u>03/28/2022</u> and assigned Florida document number <u>L22000125504</u>

This amendment is submitted to-amend the following:

*

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: (Principal office address MUST BEA STREET ADDRESS)

arradia, FL 34

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

. ..

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	·····	 	
New Registered Office Address:	Enter Floricki street address	 ~~~~	
	, Florida,	 2024 F	
New Registered Agent's Signature, if changing Re	•	EB	<u> </u>

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 familitar with and I 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 Hability company has been notified in writing of this change.

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:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Nате</u>	Address	Type of Action
AMBR	ALEXANDRA BRAXTON	P.O. BOX 12	🗆 Add
	•		
		FORT OGDEN, FL 34267	[]Change
AMBR	THOMAS BRAXTON	P.O. BOX 12	🗍 Add
• •			
		FORT OGDEN, FL 34267	Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

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Dated _ Feb. 9, 2024	
TI EC	
Signature of a member or authorized representative of a member	
THOMAS BRAXTON	