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S. CHATHAM OCT - 6 2022

DIVISION OF COMPONATIONS
22 JUL 11 PM 3: ())

COVER LETTER

	l Enterprises LLC		
	Name of Limi	ted 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:	
	Paula I. Peterson		
	·	Name of Person	
	Robins Kaplan ELP		
		Firm/Company	
	800 LaSalle Avenue, Suite	2800	
		Address	
	Minneapolis, MN 55402		
		City/State and Zip Code	
	ppeterson@robinskaplan.co	m to be used for future annual report notifi	
For further information of	encerning this matter, please concerning		ication)
Paula L Peterson		612 349-8297	
Name o	of Person	at () Area Code Daytime	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)
Mailing Addre	ss:	Street Address:	tion

Registration Section Division of Corporations P.O. Box 6327

.

Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRUCEWOOD ENTER		
(<u>Name of the Limited Liability Comp</u> : (A Florida Limited	Iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000126898}{}$.	were filed on March 14, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		22 Ald
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation L.1.36
Enter new principal offices address, if applicable:	365 North Washington Drive	1 90 %
Principal office address MUST BE A STREET ADDRESS)	Sarasota, Fl. 34236	72 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
		<u> </u>
Enter new mailing address, if applicable:		<u>^</u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the i	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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 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
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			□Remove
	·		[]Change
			□Remove
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ffective date, if other than t an effective date is listed, the date in other. If the date inserted in this ocument's effective date on the	block does not	meet the app	dicable stat	Tifing or mor utory filing	e than ⁹ 0 days requirements	optional) after filmg.) at this date v	Pursuar will not	nt to 605.0; . be listed
record specifies a delayed effectis filed.	tive date, but ne	ot an effectiv	e time, at 13	2:01 a.m. or	the earlier o	of: (b) The	90th d	lay after t
		2022						
May 17		2022	·	<u> </u>				
	Signature of	Muh	 [][]			<u>~.</u>		

Filing Fee: \$25.00