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Office Use Only



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COVER LETTER

TO: **Registration Section Division of Corporations**

BAYCREST CHILDERS JV LLC

SUBJECT:					~3
	Name of Limi	ited Liability Company		- G	Ú23
					2023 :::N
The enclosed Articles of A					
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Please return all correspon	dence concerning this matter	to the following:			<u>4:</u>
	KRISTIN MATTHEWS			<u> </u>	A
		Name of Person		-	
	THE BARTOS GROUP, LI	LC			
		Firm/Company		_	
	5505 TOURAINE DR.				
		Address		_	
	TALLAHASSEE, FL 3230	8			
		City/State and Zip Code		_	
	E-mail address: (1	to be used for future annual report noti	fication)		
For further information co	ncerning this matter, please ca	all:			
KRISTIN MATTHEWS		597-3900 850 at ()			
Name of	Person		e Telephone Numb	er	
England is a shock for the	a following amount:				
Enclosed is a check for the	_		_		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status	

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

Street Address: 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

BAYCREST CHILDERS JV LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{03/21/2022}{1}$ Florida document number _____1.22000138195 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PREMIER OXFORD FUND GENERAL PARTNER 2, LLC 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 BE A STREET ADDRESS) 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 Florida street address , Florida _ City 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 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	JUSTIN R. GHAZVINI	4708 CAPITAL CIRCLE NW	
			≣Add
		TALLAHASSEE, FL 32303	
			Remove
			□Change
MGR	SAM CHILDERS	4708 CAPITAL CIRCLE NW	
		TALLAHASSEE, FL 32303	Add
		TALLAHASSEE, FL 32303	■Remove
			<u> </u>
			□Change
			□Remove
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ective date, if other than the effective date is listed, the date in this light the date inserted in this light ument's effective date on the	ust be specific and oblock does not me	cannot be prior eet the applica	able statutory f				
cord specifies a delayed effect s filed.	ive date, but not a	in effective tir	ne, at 12:01 a.:	m. on the earlic	r of: (b) The 9	Oth day after	r the
		2022					
ed MAY 17	·		·				
ed MAY 17	·	A					

Filing Fee: \$25.00