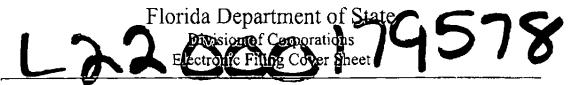
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		Division of Corporations		
		Fax Number : (850)617-6383		
	From:			
	110	Account Name : FILINGS, INC.		
		Account Number : 072720000101		
		Phone : (954)791-2100		
		Fax Number : (954)583-4117		
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Help

H22000161745

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOWERS LANE PARTNERS, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	e filed on MAY 2, 2022	and assigned
Florida document number L22000179578		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
BOWER LANE PARTNERS, LLC	_	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(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 add agent and/or the new registered office address here:	ress on our records, enter the name	of the new registered
agent and/or the new registered office address nate.		2022
Name of New Registered Agent:	7.5 	<u> </u>
New Registered Office Address:	Enter Florida street address	
	Florida	PH PH
	City , Florida	-Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	;	. 90

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

_ Change

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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 = M AMBR = A	anager uthorized Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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record specifies a delayed eff is filed.	ective date, but not an o	ffective time, at 12:0	l a.m. on the earlier	of: (b) The 90th day	after the
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