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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

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limited Liability Company	
submitted for filing.	
ter to the following:	
es N. Brown Name of Person	<u> </u>
Firm/Company	
Olive Aue	
City/State and Zip Code	33401
DDQ . CDM serio be used for future annual report notif	fication)
e call:	
5101 , 838-9	9595
	e Telephone Number
□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address:	otion
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The Centre of T	
	Name of Person FULL Firm/Company OUVE Address Address Address City/State and Zip Code Lindpa. Com Scho be used for future annual report notice call: at (5161) 838- Area Code Daytime Street Address: Registration Seconds of Correction of Correcti

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BFFLT, (LC.	2022 12.LL	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L2200026013</u>	Company were filed on <u>Jun</u>	u 7 2022 and assigned	
This amendment is submitted to amend the following:		(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		nation "L.L.C." or the abbreviation "L.L.C."	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
January De Hillory			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new registere	<u>d</u>
Name of New Registered Agent:			
New Registered Office Address:	E-1 [1 : 1	- House	
	Enter Florida s		
	City	Florida Zip Code	

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.

I 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
MGR	JIII BROWN	1110 N Olive Ave	MAdd
		1110 N Olive Ave West Palm Beach FL, 32	340 L Remove
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