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COVER LETTER

TO: Registration So Division of Cor			
BGOR06,			
SUBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	_	
	John T. Minor, V		
		Name of Person	
	The Minor Firm		
		Firm/Company	<u>.</u>
	745 College Drive, Suite I		
		Address	
	Dalton, Georgia 30720		
	jminor@minorfirm.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	-	to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
John T. Minor, V		706 259-2586 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		2025 FE SECRE TAL
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			<u> </u>

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

BGOR06, LLC

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

	00/02/2022
The Articles of Organization for this Limited Liabili	ty Company were filed on and assigned
Florida document number L22000386998	·
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
NWGP3006, 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 A	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:	ered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Neglitered Agent.	
New Registered Office Address:	Enter Florida street address
_	City Florida C: 73
	City A City Code
New Registered Agent's Signature, if changing Regis	tered Agent:
provisions of all statutes relative to the proper a accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree to comply with the ad complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or if this document is stered office address. I hereby confirm that the limited litebility age.

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>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			ÜAdd
			□Remove
			Change
			□Add
			□□□□□Remove
			□Change
			□Add
			□Remove
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-			□ Add
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			[]Change
			🗆 Add
			=Remove
			□Change

		
		
		
	ther than the date of filing: (optional)	
ffective date, if oth	ther than the date of filing: (optional) ted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.	207 (
ffective date, if oth an effective date is liste		1 26 1
Sote: If the date inse	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed	1 445 1
Sote: If the date inse	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed thate on the Department of State's records.	
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Filing Fee: \$25.00

Typed or printed name of signee