## L22 000 390 534

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(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
TALLAHASSEE, FL

## CUYER LETTER

то:	Registration Se Division of Cor			
	Blossom Ri	dge Venture Capital Partners, I	A.C	
SUBJE	ECT:	N	5 11 19 7	<del></del>
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Richard Cuff		
			Name of Person	
		Blossom Ridge Venture Ca	pital Partners, LLC	
		2255Dunn Ave suite 601-C	Firm/Company	
		Jacksonville, Florida 32218	Address	
		dr.brendagirven@gmail.con	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
		oncerning this matter, please c		
Brenda	Girven		404 4545721 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclos	ed is a check for th	he following amount:		
<b>v</b> 1 \$2	5.00 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 Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blossom Ridge Venture Capital Partners, 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 8/29/2022 and assigned Florida document number \_\_\_ This amendment is submit L22 000 390 937 A. If amending name, er Hiability company here: n/a Liability Company," the designation "LLC" or the abbreviation "LLC." The new name must be disting: n/a Enter new principal offi-(Principal office address MUST BE A STREET ADDRESS) n/a 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 agent and/or the new registered office address here: Richard Cuff Name of New Registered Agent: 2326 Island Shore Drive New Registered Office Address: Enter Florida street address \_, Florida 32218
Zip Code Jacksonville 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>	Address	Type of Action
	n/a		🗀 Add
			□Remove
			Change
, <del></del>			□Add
			□Remove
			🗆 Add
			Remove
			□Change
			Remove
			□Change
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			□Change
			DAdd
			□Remove
			Change

none	·
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ee	date, if other than the date of filing:
an effect <u>'ote:</u>   If	date, if other than the date of filing:
record s is tiled	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
n/a ated	··
	Tolera Signature of a number or authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)