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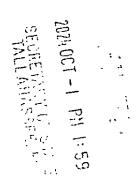
(Requestor's Name)
(Address)
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in this easiles is well.



COVER LETTER

TO: Registration So Division of Cor		·		
	l Ventures LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	James M. Clary, III			
Name of Person				
	Jeremiah Baron Companie	es ·		
Firm/Company				
	2100 SE Ocean BLVD, #1	00		
		Address		
	Stuart, FL 34994		202	
		City/State and Zip Code		
	jelary@commercialrealesta			
		to be used for future annual report notif	2021/OCT - 1 PH 1:59	
For further information of	oncerning this matter, please c	all:		
James M. Clary, III		772 678-5091 at ()	15 U	
Name o	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 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:		Street Address: Registration Sec	stion	
Registration Section Division of Corporations		Division of Cor		
P.O. Box 6327		The Centre of T		
Tallahassee FI 32314		7415 N. Monro	Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BGL Retail Ventures LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>ls.</u>)
he Articles of Organization for this Limited Liability Com	pany were filed on 12/05/2022	and assigned
orida document number 1.22000510496		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		35.
nter new mailing address, if applicable:		FG 6
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
	FI	orida
	City	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.

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	Giuseppe Gambina	8359 Calumet CT	■Add
		Port St. Lucie, FL 34986	□ Remove
			□Change
MGR	Spencer Lee	525 NW Whitney Place, #206	■Add
		Port St. Lucie, FL 34986	□Remove
			□Change
			□Add
			Remove OCT □Change
			☐Add ☐Remove
		<u>-</u>	□ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

Typed or printed name of signee

Jeremiah Baron