## L230002273a

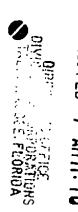
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

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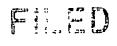
CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 437450 AUTHORIZATION : COST LIMIT ORDER DATE: February 6, 2023 ORDER TIME : 9:39 AM ORDER NO. : 437450-010 CUSTOMER NO: 7103152 DOMESTIC AMENDMENT FILING NAME: PHELAN PROPERTIES - BLUE PROVENCE, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX \_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 FEB -7 AM 9: 1

PHELAN PROPERTIES - BLUE PROVENCE, LLC	SEC T. CATE
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	SECI. SEE. FL appears on our records. LLAUASSEE. FL appeary)
The Articles of Organization for this Limited Liability Company were filed	
Florida document number L23000022732	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	anv here:
PHELAN PROPERTIES - BLEU PROVENCE, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
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 agent and/or the new registered office address here:	our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Ent	ter Florida street address
City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Ap Code
I hereby accept the appointment as registered agent and agree to act in	this capacity. I further agree to comply with t ace of my duties, and I am familiar with and

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 bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
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		<del></del>	□Remove
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Effective date, if other than	the date of filing: (optional)
(If an effective date is listed, the date	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( s block does not meet the applicable statutory filing requirements, this date will not be listed as th
the record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated February 6	2023
	1 Ht Il
	Signature of a member or authorized representative of a member
	G A CONTROL OF THE CO
Matthew L. Grabinsh	xi, Esq Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00