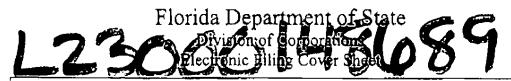
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065 Phone : (954)525-7500 Fax Number : (954)761-8475

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: — CGC@TRIPPSCOTT.COM -

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRODIGY ELC AT BBI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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T. LEMIEUX

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Corporate Filing Menu

HARV 29 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRODIGY ELC AT BBI, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	vas it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we clorida document number	vere filed on MARCH 23, 2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the name of	the new regists
Name of New Registered Agent:		
New Registered Office Address:		<del>- 2</del>
	Enter Florida street address	$\ddot{\Sigma}$
	Florida	
	City	cip Coae

New Registered Avent'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

## (((H23000405352 3)))

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>	Namc .	Address	Type of Action
AP/AR	DENISE GALLUCCI	800 CORPORATE DRIVE, STE 124	<b>D</b> Add
		FORT LAUDERDALE, FL 33334	DRemove
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			□Add
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			□ Change
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e record d is file		ayed effective de	te, but not an e	ffective time, a	1 12:01 a.m. on I	he earlier of: (b)	) The 90th day af	ter the
Dated _	NOVEMBER	27, 2023	Jank.	<del></del> .				
		Sig	inture of ouren	er or multurized	representative of	member		
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