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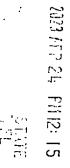
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

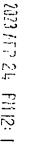
Office Use Only



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··· COVER LETTER ····

TO: Registration S Division of Co.		:		
SUBJECT: /o/	05 BPC LL Name of Lim	ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jeannie 1	Holbrook Name of Person 1984	2023 APR 24	
·		Firm/Company	P 172	• !
	7150 Lock	Moodie Rocco	2: 15	. se*
	Lako U	Orte FL 3 City/State and Zip Code	1346 7 11. 11. 11. 11.	' ;
	Camile. TE-mail address (O I CAA Propa to be used for future annual report notifi) gmal on one	
For further information of	concerning this matter, please ca	ail:		
Teannie Name o	Holbrook of Person	at (SC)Area Code Daytime	8 - 1/2/5 Telephone Number	•
Enclosed is a check for the	he following amount:			
525.00 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)	
		egin gasar a	the state of the transfer of	: .

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

10105 BPC LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000 1639</u> . 75	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 9
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new register
agent and/or the new registered office address here:	,
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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

MGR Jeannie Holbrook Revoluble Itust Lake Work FL DANG 46 Jeannie Holbrook Change □Remove ☐ Change Remove □Add □Remove Change \square Add Remove ____ Change

f amending any other information, enter change(s) here: (Attach additional sheets, if nece.	٠	
	=-	
		
		
		
		
		605 0202
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