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	gistration Se vision of Cor			
SUBJECT:		RTLE MANAGEMENT, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
		T. Matthew Ladyman, Esc] .	~~!
			Name of Person	1. (1.)
		Nishad Khan, P.L.		
			Firm/Company	
		1303 N. Orange Ave.		P A 2
			Address	
		Orlando, Florida 32804		<u> </u>
			City/State and Zip Code	_
		matthew@nishadkhanlaw.c		
For further i	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
	Ladyman, Es		407 228-9711	
	Name o		at ()	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 I	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)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ction
		orporations	Division of Co	porations
). Box 632		The Centre of T	
1 31	lahassee, I	TL 02014	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 1AADEC45-54B2-4533-9769-D1D8E3F9C63A ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BLUE TURTLE MANAGEMENT, LLC.

O'					
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	<u>i.</u>)			
The Articles of Organization for this Limited Liability Compan	y were filed on ^{06/12/2023}	and assigned			
Florida document number L23000283634	· · · · · · · · · · · · · · · · · · ·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility 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)					
		(2) (3) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
Enter new mailing address, if applicable:	PO Box 291430	- Ti			
Mailing address MAY BE A POST OFFICE BOX)	Port Orange, Florida 32129				
		<u> </u>			
B. If amending the registered agent and/or registered office 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	<u>:</u>				
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and agrovorsions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, F	d I am familiar with and T.S. Or, if this document i			
ii C i	nging Registered Agent, Signature of	New Registered Agent			

DocuSign Erivelope ID: 1AADEC45-54B2-4533-9769-D1D8E3F9C63A ri amenuing Authorized rerson(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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date in	e date of filing:	he prior to date of ti	ling or more than 90	(optional) 1) Porsu	ant to 603 02
te: If the date inserted in this ument's effective date on the	block does not meet th	e applicable statute	ory filing requiren	nents, this dat	e will no	ot be listed a
ament's cricerice date on the	ocparanent of State's	iccords.				
cord specifies a delayed effect s filed.	ve date, but not an eff	ective time, at 12:0	I a.m. on the earl	lier of: (b) T	he 90th	day after th
July 27	202					
		DocuSigned by:				
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