Division of Corporations

Florida Department of State Division of Comorations

Note: Please print this page and use it as a cover sheet. Type the lay 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 : REGISTERED AGENTS INC.

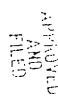
Account Number : 12009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future ♀_annual report mailings. Enter only one email address please.

Email Address: ___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BB ROAD LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |



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1310 1 3 2024 K. Brumbley 8/12/2024 08 56:46 PDT • To 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BB Road LLC | | | | |
|--|--|--------------------|-----------------|--------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on o Liability Company) | ur records.) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L23000284835 | | | and as | signed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designa | tion "LLC" or the | abbreviation "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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our record | vet address | me of the ne | w registered |
| | Cuy | , Florida <u>-</u> | | |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | | | |

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.

8/12/2024 08:56:46 PDT . To 18506176383 Page: 3/4 Fax: 813436520

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 | Lockwood. Logan | 7901 4th St N STE 300 | Uadd |
| | | St. Petersburg, FL 33702 | XiRemove |
| | | | D'Change |
| MGR | Gladiator Holdings LLC | 30 N Gould St, Ste N | XI Add |
| | | Sheridan, WY 82801 | |
| | | | □Change |
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| | | | □Remove |
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| `an effective date <u>Vote:</u> If the date | if other than the is listed, the date must e inserted in this ble ctive date on the De | , be specific and co ack does not me | annot be prior to o et the applicabl | late of filing or mo e statutory filing | sie than 90 days | optional) after filing.) Pr s, this date wi | usuant to 605,020; Il not be listed as |
| record specifies Lis filed. | s a delayed effective | date, but not ar | n effective time | , at 12:01 a.m. o | on the earlier (| off (b) The 9 | 0th day after the |
| _{lated} Augus | st 7th | | 2024 | | | | |
| | | , : | | 1 1 17 | | | |
| | | Signature of a me | mber or authorize | ed representative | of a member | | |