L23000292583

	(Requestor's Name)
	(Áddress)
	(Address)
<u>-</u>	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	JUN 2 2 2023
	Office Use Only



100410873041

06/23/23--01001--005 **5.00

06/23/23--01001--004 **25.00

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COVER LETTER

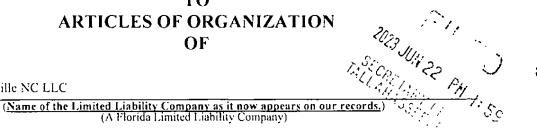
TO:

Registration Section

Division of Cor	rporations		
	Asheville NC LLC		
SUBJECT:	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:	
	Barbara G. Salk		
		Name of Person	
		Firm/Company	 -
	130-1 Saddlenotch Lane, F	P. O. Box 177	
		Address	
	Tuckasegee, NC 28783		
		City/State and Zip Code	
	Barbara@Bsmartdevelopm		
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
Rosa Guim-Bosniak		305 525-4559 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations ıllahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sanctuary Asheville NC LLC



The Articles of Organization for this Limited Li Florida document number 1.23000292583		and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
B. If amending the registered agent and/or reagent and/or the new registered office address		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BSmart Development	130-1 Saddlenotch Lane - PO Box 177	□ Add
		Tuckasegee, NC 28783	≣Remove
			□Change
MGR BSm	BSmart Sanctuary, LLC	130-1 Saddlenotch Lane - PO Box 177	
		Tuckasegee, NC 28783	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
		-	□Remove
			Change
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			□Remove
			□!Change

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