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COVER LETTER

Registration Section

TO:

Divi	ision of Corp	porations	•	;			
	BC Serenoa	LLC					
SUBJECT:	Name of Limited Liability Company						
		Amendment and fee(s) are sub-	-				
Please return	all correspo	ndence concerning this matter	to the following:				
		Robert Blackerby	_				
			Name of Person	_			
		BC Serenoa LLC					
			Firm/Company				
		7512 Dr Phillips Blvd St 5	0-155				
		·	Address	- <u> </u>	2023		
		Orlando, FL 32819		*]	2023 J		
			City/State and Zip Code		:\ 		
		nicole@rrbpartners.com	to be used for future annual report no	·/6			
r. C. what				incation)			
		oncerning this matter, please co		•	<u></u>		
Nicole Lipp			978 7587031 at ()		_		
	Name of	f Person	Area Code Daytii	me Telephone Number			
Enclosed is a	a check for th	ne following amount:					
■ \$2 5.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Cop (additional copy	Status & y		
Re Di P.C	iling Addres gistration S vision of C D. Box 632 llahassee, I	Section Torporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BC Serenoa LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{7/19/2023}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) CD. B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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.

City

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>	Name	<u>Address</u>	Type of Action
MGR	Luther Wayne Cave	3800 Airport Blvd St 304 Mobile, AL 36608	= Add
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fective date, if other than th	e date of filing:		(optional)	
fective date, if other than the meffective date is listed, the date mote: If the date inserted in this l	ust be specific and cannot be pr block does not meet the app	ior to date of filing or more th licable statutory filing req	an 90 days after filing.) Pursuant to uirements, this date will not be	605.02 listed
cument's effective date on the				
ecord specifies a delayed effect is filed.	ive date, but not an effective	e time, at 12:01 a.m. on th	e earlier of: (b) The 90th day a	after ti
ted	2023			
_				
R. B.	Signature of a member or au	thorized representative of a	nember	-

THE CAR OF