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☐ PICK-UP ☐ WAIT ☐ MAIL
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
	Blue Ridge	Noles, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	1 Articles of	Amendment and fec(s) are sub	omitted for filing	
			-	
Please return	all correspo	ndence concerning this matter	to the following:	
		Matthew Bardin		
			Name of Person	
		Blue Ridge Noles, LLC		
			Firm/Company	
		6403 S Queensway Dr		
-			Address	
		Tampa, FL 33617		
			City/State and Zip Code	My-maps
		m.bardin@verizon.net		
		E-mail address: (	to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please c	all:	
Matthew Ba	rdin		813 763-0568	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a	a check for th	e following amount:		
<b>■ \$25.00 F</b>	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address:	
	gistration S	Section orporations	Registration Se Division of Co	
	), Box 632		The Centre of 3	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Ridge Noles, LLC				
(Name of the Limited Liability Compa (A Florida Limited	ny a <u>s it now appears on our records.</u> ) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L23000428710	were filed on September 14, 2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he 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:	address on our records, <u>enter the r</u>	name of the new register		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	1		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u>L</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I d	am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 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> Citle</u>	<u>Name</u>	Address	Type of Action
Director	Dorothy H Bardin	6403 S Queensway Dr	□Add
		Tampa, FL 33617	🗆 Remove
			<b>■</b> Change
			□Add
			☐Remove
			□Add
			□Remove
			□Change
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e record specifies a delay The 90th day after the r		e, but not a	n effective tin	ne, at 12:01 a.m	n. on the earlier o
April 3	,	2024			
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וו שעמוין					
1.000	Signature of a men	nber or authorize	d representative of	a member	<u> </u>

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Filing Fee: \$25.00