124000090283

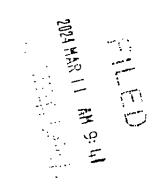
(Requestor's Name)	
(Address)	
((Address)	
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PICK-UP	WAIT	MAIL
((Business Entity Name)	
((Document Number)	
Certified Copies	_ Certificales	of Status
Special Instructions to I	Filing Officer:	

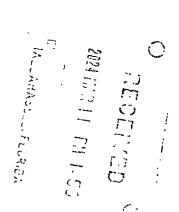
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LLC Amena





A. RAMSEY MAR 12 2024

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DATE: 03/11/2024

NAME: STRETCH FL 10 LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Tallahassee, FL 32314

ection rporations		
Stretch FL 10, LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
Melissa Childers		
	Name of Person	
Maynard Nexsen	PC Firm/Company	
1901 Sixth Avenu		
Birmingham, AL		
mchilders@mayn	City/State and Zip Code ardnexsen.com	
E-mail address: ()	to be used for future annual report notif	fication)
oncerning this matter, please ca	all:	
	at (_205) 488-3612	
f Person	Area Code Daytime	e Telephone Number
ne following amount:		
☐ \$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)
ia:	Street Address:	
Section	Registration Sec	
•		
	Stretch FL 10, LLC Name of Lim Amendment and fee(s) are subsordence concerning this matter Melissa Childers Maynard Nexsen 1901 Sixth Avenu Birmingham, AL mchilders@mayn E-mail address: (concerning this matter, please concerning this matter.	Stretch FL 10, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Melissa Childers Name of Person Maynard Nexsen PC Firm/Company 1901 Sixth Avenue North, Suite 1700 Address Birmingham, AL 35203 City/State and Zip Code mchilders@maynardnexsen.com E-mail address: (to be used for future annual report notion oncerning this matter, please call: at (205) 488-3612 Area Code Daytim Defollowing amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Section Registration Sectorporations Street Address: Registration Sectorporations Original Section Registration Sectorporations Street Address: Registration Sectorporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2024 MAR 11 AM 9: 41

Stretch FL 10, LL0		
(Name of the Limited	1 Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on <u>Febr</u>	uary 20, 2024 and assigned
Florida document number <u>L24000090283</u>	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or regagent and/or the new registered office address		ds, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	BHW Stretch Operations, Inc.	
New Registered Office Address:		
<u> </u>	Enter Florida si	reet address
		, 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.

IT 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
AP	Peter W. Williams, Jr.		_ _ _ _ _ _ _ _ _ _ _ _
			∐ Remove
			Change
MGR_	BHW Stretch Operations, Inc.	1000 S. Pointe Drive, PH 2803	(X) Add
		Miami Beach, FL 33139	□Remove
			□Change
			□ Add
			□Remove
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FFaat	ive date, if other than the date of filing: (optional)
an et lote:	rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
recor Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	
	74C6C1A70D8F46E Signature of a member or authorized representative of a member
	Peter W. Williams, Jr.

Filing Fee: \$25.00