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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/11/2024

NAME: STRETCH FL 5 LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT:S	Stretch FL 5, LLC			
SUBJECT:	Name of Lin	nted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Melissa Childers			
		Name of Person		
	Maynard Nexsen	PC		
		Firm/Company		
	1901 Sixth Avenu	ae North, Suite 1700	<u> </u>	, s
	Birmingham, AL	Address 35203		
	mchilders@mayr	City/State and Zip Code nardnexsen.com		<u></u>
	E-mail address: (to be used for future annual report not	ification) でい	AHE
For further information co	oncerning this matter, please c	all:	STATE	AM 10: 43
Melissa Childers		at (<u>20</u> 5) <u>488-3612</u>		_
Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	e 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 F Certificate of \$ Certified Copy (additional copy is	Status &
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Co		Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stretch FL 5, LLC (Name of the Limited Liab) (A Flori	ility Company as it now appears on ou da Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>Februa</u>	ry 21, 2024	_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designati	on "LLC" or the abbrev	viation "L.L.C	~ ··
Enter new principal offices address, if applicable:	 			
<u> Principal office address MUST BE A STREET ADD</u>	<u> </u>			
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Inter new mailing address, if applicable:		Sist in the second seco		
Mailing address MAY BE A POST OFFICE BOX)		ن نان ا ایران	7	
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		L.J.	ယ	
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	:	, <u>enter the name o</u>	<u>f the new r</u>	<u>egiste</u>
Name of New Registered Agent:	BHW Stretch Operations, Inc.			
New Registered Office Address:				
	Enter Florida stree	21 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.

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
AP	Peter W. Williams, Jr.		□Add
			Remove
			□Change
MGR	BHW Stretch Operations, Inc.	_1000 S. Pointe Drive, PH 2803	XAdd
		Miami Beach, FL 33139	□Remove
			□ Change
			Add
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Filing Fee: \$25.00