## L24000090768

| (1                        | Requestor's Name)       |
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| (A                        | Address)                |
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| PICK-UP                   | WAIT MAIL               |
|                           |                         |
|                           |                         |
| (1                        | Business Entity Name)   |
|                           |                         |
|                           | Document Number)        |
| (                         | Document Number)        |
|                           |                         |
| Certified Copies          | Certificates of Status  |
|                           |                         |
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| Special Instructions to F | iling Officer:          |
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DESCRIPTION

## 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 9 LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

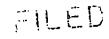
## COVER LETTER

| •   |  |                               |                            |  |  |
|---|--|-------------------------------|----------------------------|--|--|
| **  |  |                               |                            |  |  |
|   | _  |                               |                            |  |  |
| SUBJECT:  |  | stretch FL 9, LLC             | Start Linkillian Communica | <u></u>                                |  |
|   |  | Name of Lim                   | ited Liability Company     |  |  |
| The enclosed  | Articles of  | Amendment and fee(s) are sub  | mitted for filing.         |  |  |
| Please return   | all correspo   | ndence concerning this matter | to the following:          |  |  |
|   |  | Melissa Childers              |                            |  |  |
| TO: Registration Section Division of Corporations  SUBJECT: Stretch FL 9, LLC Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Melissa Childers |  |                               |                            |  |  |
|   |  |                               | Birmingham, AL             |  |  |
|   |  |                               | 1.21                       |  | ······································ |
|   | City/State and Zip Code<br>mchilders@maynardnexsen.com |                               |                            |  |  |
| For further in  | formation co   |                               |                            |  |  |
| Melissa (   |  |                               | at (_205) 488-361          | 2                                      |  |
|   | Name of  | Person                        | Area Code Day              | rtime Telephone Number                 |  |
| Enclosed is a   | check for th   | e following amount:           |                            |  |  |
| ₹ \$25.00 F   | iling Fee  |                               | Certified Copy             | Certificate of Status & Certified Copy |  |
|   |  |                               |                            |  |  |
|   |  |                               |                            |  |  |
|   |  |                               |                            |  |  |
| P.O   | . 150X 0.5Z  | 1                             | ine Gentre o               | it Taitanassee                         |  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2024 MAR 11 AM 9: 51

| Stretch FL 9, LLC   |   |  |
|---|---|--|
| (Name of the Limite   | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) | e skoppija (* 1866)<br>Stantonija (* 1866) |
| The Articles of Organization for this Limited Lia   | ability Company were filed on <u>February 21, 2024</u>                                      | and assigned                               |
| Florida document number <u>1.24000090768</u>  |   |  |
| This amendment is submitted to amend the follo  | wing:   |  |
| A. If amending name, enter the new name of  | the limited liability company here:   |  |
| The new name must be distinguishable and contain the wo                                     | ords "Limited Liability Company," the designation "LLC" or the al                           | bbreviation "L.L.C."                       |
| Enter new principal offices address, if applica   | tble:   |  |
| (Principal office address MUST BE A STREE)  | T ADDRESS)  |  |
|   | <del></del>   |  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE E   | 30X)  |  |
|   |   |  |
| B. If amending the registered agent and/or reagent and/or the new registered office address | egistered office address on our records, <u>enter the nam</u><br>s here:                    | <u>1e of the new registered</u>            |
| Name of New Registered Agent:   | BHW Stretch Operations, Inc.  |  |
| New Registered Office Address:  |   |  |
|   | Enter Florida street address  |  |
|   | , Florida   | Zip Code                                   |
| New Registered Agent's Signature, if changing R   | ·   | - 1  |

New Registered Agenc's Signature, it changing Registered Agenc:

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.

Docusigned by:

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            |
|              |                              |                               | <b>∏</b> Remove |
|              |                              |                               | □Change         |
| MGR          | BHW Stretch Operations, Inc. | 1000 S. Pointe Drive, PH 2803 |                 |
|              |                              | Miami Beach, FL 33139         | □Remove         |
|              |                              |                               | □Change         |
|              |                              |                               | 🗆 Add           |
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| Note: If the d                  | e, if other than the date of filing:   | 5,0207 (<br>ted as t |
| e record specif<br>rd is filed. | fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte | er the               |
| Dated                           | March 8 2024   |                      |
| (                               | Signature of a member or authorized representative of a member   |                      |
|                                 |  |                      |
| -                               | Peter W. Williams, Jr.  Typed or printed name of signee  |                      |

Filing Fee: \$25.00