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THE CETY

SECRETARY OF ALLAHASSEE, F

05/15/21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BB Woodsida | LIC | | | | |
|--|---|-----------------------|--|--|--|
| (Name of the Limited Liability Company as (A Florida Limited Liabili | It now appears on our records.) ty Company) | | | | |
| The Articles of Organization for this Limited Liability Company were Florida document number $\angle 24000197683$ | filed on 4/29/24 | 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 Co | ompany," the designation "LLC" or the | abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| | | ja ja | | | |
| | • | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | : | ٠ | | | |
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| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our records, <u>ente</u> | r the name of the new | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street 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 **Title** <u>Name</u> **Address Type of Action** Beth Browne 12339 Was Side CN FAdd □ Remove _____ Change MER BARTLETT, BARON 12339 Woodside Drive MRemove JACKSONUILLIFI ZZZZZ Change _□ Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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| effective date is lis te: If the date ins | ther than the date sted, the date must be sp serted in this block do e date on the Departn | ecific and canno oes not meet th | t be prior to dat te applicable s | e of filing or mo tatutory filing | re than 90 days requirements | after filing \ Pu | irsuant to 605.0 I not be listed |
| record specific he 90th day a | es a delayed effe ofter the record is | ctive date, s filed. | but not an | effective ti | me, at 12: | 01 a.m. on | the earlier |
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Page 3 of 3

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