

L24000301 435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

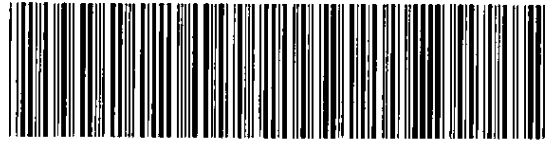
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200436872742

09/20/24--01013--018 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL
2024 SEP 20 AM 11:35
1211

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLS San Diego, 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:

J. Knox Burns, IV

Name of Person

Cauthen & Burns, P.A.

Firm/Company

215 North Joanna Avenue

Address

Tavares, Florida 32778

City/State and Zip Code

jknoxburns@cflegal.com

E-mail address: (to be used for future annual report notification)

2024 SEP 20 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Jen Conroy

Name of Person

at (352) 343-2225

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

BLS San Diego, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 9, 2024 and assigned Florida document number L24000301435.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

13750 West Colonial Drive
Suite 350 231
Winter Garden, Florida 34787

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13750 West Colonial Drive
Suite 350 231
Winter Garden, Florida 34787

2024 SEP 20 AM 11:5
SECRETARY OF STATE
TALLAHASSEE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new Registered agent and/or the new registered office address here:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Spencer Holdings, LLC	10473 Windermere Chase Boulevard	<input type="checkbox"/> Add
		Gotha, Florida 34734	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Spencer RE Holdings, LLC	13750 West Colonial Drive	<input checked="" type="checkbox"/> Add
		Suite 350 231	<input type="checkbox"/> Remove
		Winter Garden, Florida 34787	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2024 SEP 20 11:41 AM
 SECRETARY OF STATE
 TALLAHASSEE, FL

