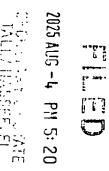
L25000286178

(Re	equestor's Name)	
(Ac	(dress)	
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PICK-UP	☐ WAIT	MAIL
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9/18/2025

COVER LETTER

TO: Registration So Division of Con			
7124 BOV SUBJECT:	VSPIRIT HOLDINGS LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kirsten Dixon O'Donnell		
		Name of Person	
	7124 BOWSPIRIT HOL	DINGS LLC	
		Firm/Company	
	401 E. Jackson St., Ste	3300	
		Address	
	Tampa, FL 33602		
		City/State and Zip Code	
	kohomeloans@lendingflo		
Lor further information o		to be used for future annual report no	tification)
	concerning this matter, please c		
Kirsten Dixon O'Donne	ell 	813 420-3887 at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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 Addres Registration S		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 02014	2413 N. MONTO	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

7124 BOWSPIRIT HOLDINGS LLC

2025 AUG -4 PH 5: 20

(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 $\frac{06/19/2025}{1}$ Florida document number L25000286178 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 7125 Bowspirit PI HOLDINGS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 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
			□Remove
			□ Change
			Add
			□Remove
			□Change
		-	□Remove
			□Change
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ote: If	e date, if other than the date of filing:
record s	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
ated _	7/30/2025
	Kirsten ODonnell
	Signature of a member or authorized representative of a member
	·

. .

eSignature Details

Signer ID: Signed by: Sent to email: IP Address: Signed at:

rNy6JLbE6dbN9HpNXXVVRsB4 Kirsten Dixon O'Donnell kohomeloans@lendingflorida.biz 38.95.4.66 Jul 30 2025, 4:06 pm EDT