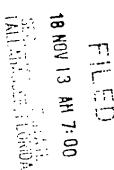
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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INC.

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| | XX | РНОТОСОРУ | |
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| | хх | FILING | AMENDMENT |
| 1. | | BAKKES PROPERTIES II (CORPORATE NAME AND DOCUME | |
| 2. | | (CORPORATE NAME AND DOCUME | ENT #) |
| 3. | | (CORPORATE NAME AND DOCUME | ENT#) |
| 4. | | (CORPORATE NAME AND DOCUME | NŤ #) |
| 5. | | (CORPORATE NAME AND DOCUME | NT#) |
| 6. | | (CORPORATE NAME AND DOCUME | NT #) |
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COVER LETTER

| | Registration S Division of Co | | | |
|------------|----------------------------------|--|---|---|
| enio iez | | operties III, LLC | | |
| SUBJEC | .1; | Name of Liu | mited Liability Company | |
| | | f Amendment and fee(s) are su | - | |
| ricase rei | urn an correspo | ondence concerning this matter Donna Jones | r to the following: | |
| | | Trinkle, Redman, Coton & | Name of Person & Davis, PA | · |
| | | 121 North Collins Street | Firm/Company | - |
| | | Plant City, FL 33563 | Address | |
| | | | City/State and Zip Code | |
| For furthe | i information c | E-mail address: (oncerning this matter, please c | (to be used for future annual report notific all: | ration} |
| Donna Jo | | | 813 7526133 at (1 | |
| | Name o | f Person | at () Area Code Daytime | Felephone Number |
| Enclosed i | s a check for th | ne 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 cepy is enclosed) |
| | | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Bakkes Properties III, 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 09/05/18 | and assigned |
|--|--|---------------------------|
| Florida document number L18000210464 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| BP 3, LLC | | |
| The new name must be distinguishable and contain the words "Lin | nited 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 ADDI | RESS) | |
| | | - |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | nter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | a |
| | 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 Lability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Ecgistered 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: FILED MGR = Manager AMBR = Authorized Member Type of Action Title Name <u>Address</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \square Add □ Remove _____El Change El Add .____ ☐ Remove __ [Change __ □ Add _ □ Remove _ _ Change _ 🗖 Add

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| E. Effectiv | re date, if other than the date of filing: (optional) |
| Note: 1 | ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated _ | NOV 9 . 2018 |
| | Signature of a member or acceptance of a member |
| | Carel-Johan Bakkes |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00