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ATTORNEYS & COUNSELORS AT LAW

888 S.E. 3⁸⁰ AVENUE, SUITE 500 Fort Lauderdale, Florida 33316 Ph: (954) 767-6333/Fax: (954) 767-8111

| <u>Attorneys:</u> Damaso W. Saavedra (AV Rated) Allyson D. Goodwin Cathlin J. Bronstein Glen M. Lindsay (AV Rated) Robin I. Willner (AV Rated) Nancy Rubin | | A ftorneys Licensed in: Florida Connecticut Illinois Washington, D.C. Colorado |
|--|---------------|---|
| <u>Of Counsel;</u> Randolph M. Brombacher (AV Rated) Mario Thomas Gaboury L. Forrest Owens (board certified in aviation law) | | SENDER'S E-MAIL ADDRESS: <u>dsaayedra@saavlaw.com</u> |
| VIA FEDERAL EXPRESS Florida Department of State Division of Corporations Registration Section The Centre of Tallahassee | July 19, 2022 | |

 Re:
 Articles of Amendment to Articles of Organization of B.D. Investments, LLC

 Entity Name:
 B.D. Investments, LLC

 Document Number:
 L06000111651

Dear Sir/Madam:

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Enclosed please find an executed Articles of Amendment to Articles of Organization for processing and filing. Also enclosed is our check in the total amount of \$25.00 payable to Florida Department of State for payment of the filing fee.

Please call my office directly at (954) 767-6363 if there are any questions. Thank you for your prompt attention to this matter.

Sincerely, OODWIN SA DAMASO W. SAAVEDRA FOR THE FIRM

Enc.

COVER LETTER

TO: * Registration Section Division of Corporations

SUBJECT: _____

B.D. INVESTMENTS, 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:

Damaso W. Saavedra, Esq.

Name of Person

Saavedra-Goodwin

| Firm/Company | |
|------------------------------|------------|
| 888 SE 3rd Avenue, Suite 500 | 22 UU |
| Address | נה י |
| Fort Lauderdale, FL 33316 | |
| City/State and Zip Code | |
| salejo@saavlaw.com | сл. Сл. |

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B.D. INVESTMENTS, LLC

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

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 "LLC"

| Enter new principal offices address, if applicable: | • |] | |
|---|-------|----------|------------|
| (Principal office address MUST BE A STREET ADDRESS) | | 62 | |
| | | 2 | 1 1 1 1 |
| | | 0 | 1 |
| Enter new mailing address, if applicable: | | | [. + |
| (Mailing address MAY BE A POST OFFICE BOX) | ···· | ē | · |
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

| Name of New Registered Agent: | | |
|--------------------------------|----------------------|----------|
| New Registered Office Address: | | |
| | Enter Florida street | oddress |
| | | 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

•

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|----------------------------|-------------------------|
| MGR | Blaine Vermeulen | 18848 US Highway 441, #221 | 🗆 Add |
| | | MT. DORA, FL 32757 | = Remove |
| | | | 🗆 Change |
| MGR | Jonni Vermeulen | 1715 Sylvan Point Drive | = Add |
| | | Mount Dora, FL 32757 | _ 🗍 Remove |
| | | | _ 🗆 Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional)
 (If an effective 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)
 <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

| Dated | July 19 | |
|-------|--|---|
| | Value | |
| | Signature of a member or authorized representative of a member | |
| | Damaso W. Saavedra, Esq. | |
| _ | Typed or printed name of signee | — |

Filing Fee: \$25.00