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EXAMINER

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: BY	LA ENTERPRISE (Name of Lin	S LLC nited Liability Company)			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		(Name of Person)		-	
		CITAS WATER ICE		-	
	Boyn row		± 406	THE JUN -2 P 3: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
KEITH B	OBENRIETH of Person)	at (561) 251~3034 (Area Code & Daytime	Telenhone Numbe	er)	
Enclosed is a check for t \$25.00 Filing Fee		□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fil Certifica Certified	ling Fee, tte of Status &	os e d)
36 4 II	INC ABBREC.	SERVET/COLUMN	ABBBBB		

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BKA ENTERPRISE	ES, LLC	
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records (Liability Company)	<u>r.</u>)
The Articles of Organization for this Limited Liability Compant Florida document number \(\begin{align*} \text{L 0700052639} \\ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Compant of the liabil		and assigned Annual Jun -2 P SECRETARY OF S TALLAHASSEE, FL
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designati	ion 'H.G' or the abbreviation
Enter new principal offices address, if applicable:	1015 GATEWAY BLV	O SUITE 406
(Principal office address MUST BE A STREET ADDRESS)	1015 GATEWAY BLV BOYNTON BEACH,	FL 33426
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1015 GATEWRY BLI BOYNTON BEACH, F	10 Suite 406 FL 33426
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:	***************************************	
New Registered Office Address:	(Enter Florida stre	et address)
	, Florid (City)	(Zip Code)
	(Chy)	(ZAP COME)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	RONALD HENKEL	7065 CALLE PONCE DELEON NAVARES FL 32566	Add Remove
			Add Remove
			Add Remove
~~~			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter char		7008 JUN -2
 Dated	1	FLORIDA ——·	FEINT D
		Bobenate TH	

Page 2 of 2

Filing Fee: \$25.00