

May. 31. 2017 3:19PM BUSINESS CHOICE TAX EXPERTS No. 7-73

L11000122390

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BUSINESS CHOICE, INC.
Account Number : 120010000004
Phone : (954) 782-1829
Fax Number : (954) 697-0245

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
B & MK INVESTMENTS, LLC.**

Certificate of Status	0
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FILED
2017 MAY 31 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY 31 PM 2:21

TALLAHASSEE, FLORIDA

TO
ARTICLES OF ORGANIZATION
OF

B & MK INVESTMENTS, LLC.

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

No. 7473
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/26/2011 and assigned
Florida document number L11000122390

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 end with 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**)

4717 NE 11th AVE

OAKLAND PARK, FL 33334

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4717 NE 11th AVE

OAKLAND PARK, FL 33334

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:

4717 NE 11th AVE

Enter Florida street address

OAKLAND PARK

City

, Florida 33334

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 26th, 2017

Signature of a member or authorized representative of a member

BIANCA MARIA A. SILVEIRA

Typed or printed name of signee

FILED
2017 MAY 31 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA