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| (Requestor's Name) |
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| . (Address) . (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: |
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FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FLORIDA

September 25, 2015

TIMOTHY R AKERS 915 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304

SUBJECT: BD ACQUISITIONS LLC

Ref. Number: L12000001555

We have received your document for BD ACQUISITIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PAGE 3 MISSING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 415A00020375

COVER LETTER

| | istration Sec sion of Corp | | | | |
|----------------|-------------------------------|--|---|------------------------|---|
| SUBJECT: | BD Acquisi | tions LLC | | | |
| SUBJECT. | | Name of Lim | ited Liability Company | | - |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | |
| | | Timothy R. Akers | | | |
| | | | Name of Person | | _ |
| | | BD Acqusitions LLC | | | |
| 1 | | | Firm/Company | | _ |
| ! | | 915 Middle River Drive | -i.a - - | | |
| • | | - | Address | | |
| | | Fort Lauderdale, FL 33304 | ı | | FILE AUG 23 AUG 23 |
| | | tim@planbrealestate.net | City/State and Zip Code | | - 200 B B B B B B B B B B B B B B B B B B |
| • | | E-mail address (| to be used for future annual rep | ort notification) | - 63 4 |
| For further in | formation co | oncerning this matter, please ca | all. | | 語品。 |
| Timothy R. A | | | 754 229-0 at () | | |
| | Name of | Person | Area Code | Daytime Telephone Numl | per |
| Enclosed is a | check for th | e following amount: | | | |
| \$25.00 Fi | ling Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | Certifi ed) Certifi | Filing Fee, icate of Status & ed Copy nal copy 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
- 2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BD Acquisitions | | | |
|--|--|---|--------------------------|
| (Name of the Limited | I Liability Compa A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Lia | bility Company | were filed on 01/04/2012 | and assigned |
| Florida document number L12000001555 | | | |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | the limited liab | ility company here: | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabil | ity Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | BD Acquisitions LLC | |
| | | 915 Middle River Drive, 6th Floor | 250 5 |
| : | | Fort Lauderdale, FL 33304 | 至 易 四 |
| | | | SSE 23 LE |
| Enter new mailing address, if applicable: | | BD Acquisitions LLC | 四里 显 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 1005 SR 84, Suite 105 | 05 4 |
| | | Fort Lauderdale, FL 33315 | |
| B. If amending the registered agent and/o registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address: | Timothy R. Ake | <u>e</u> : | |
| | FI. LIFU | 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 liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|---------------------------|----------------|
| Mgr | Timothy R. Akers 504 NE 7th Avenue, Apt 1 | | |
| | | Fort Lauderdale, FL 33301 | ☐ Remove |
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| lf an effectiv Note: If th | date, if other than we date is listed, the date ne date inserted in this s effective date on the | must be specific an s block does not | nd cannot be prio meet the appli | able statutory f | r more than 90 da | (optional) ys after filing, its, this date |) Pursuant t will not be | o 605.02 e listed |
| | d specifies a dela th day after the I | | | ot an effectiv | e time, at 12 | 2:01 a.m. | on the e | arlier o |
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| Dated | 11/1/1 Juno | 5 | , | | | | | |
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Page 3 of 3

Filing Fee: \$25.00