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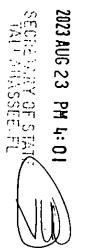
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	8[23]

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BAK Companies 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:
John M. Boland Name of Person
Finn/Company
507 Burns Lane
Address
Winter Haven Florida 33884 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John M. Boland at (763) 206-6154 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

B&K Compani	es LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on content Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp. Florida document number $\underline{L12000024440}$.	pany were filed on 2 ~	7-2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Bolon L. Enterorises W.H. The new name must be distinguishable and contain the words "Limited limited limited"	"/ .L.C."	ntion "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>N/a</u>	2023 AUG 23 F
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our record	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

D

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.

It 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the cument's effective date on the Department of State's records.	i onal) r filing.) Pursuant to 605.0207 is date will not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (is filed.	b) The 90th day after the
ted $8-21$, 2023 .	
Signature of a member or authorized representative of a member	