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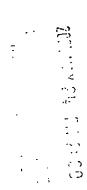
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COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	BD Knox &	& Associates LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lit	mited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all correspo	ondence concerning this matte	r to the following:	
		Debra Knox		
			Name of Person	
		BD Knox & Associates L	LC	
			Firm/Company	
		1634 Morning Dove Loop	North	
			Address	
		Lakeland, FL 33809		
			City/State and Zip Code	
		dknox@dreamvacations.co		
For furth	er information co	n-mail address: (oncerning this matter, please c	(to be used for future annual report notification rall:	n)
Debra Kı			863 815-9555 at ()	
	Name of	Person	Area Code Daytime Telep	thone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

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 TO ARTICLES OF ORGANIZATION OF

BD Knox & Associates LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.12000052978}{1.12000052978}$	were filed on April 19, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	iddress on our records, enter the name	of the new registered
agent and/or the new registered office address here:	enter the name	of the new registered
·		
Name of New Registered Agent:		
New Registered Office Address:	:	() (m)
	Enter Florida street address	
	Florida	r >
	City	Zip Code ,
New Registered Agent's Signature, if changing Registered Agent:		- `;
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	miliar with and I this document is

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	Robert Knox	1634 Morning Dove Loop N.	= Add
		Lakeland, Florida 33809	_
			☐Change
			□Remove
			□Change
			□Remove
			□Change
		 	□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			⊡Change
		-	□Add
			□Remove

Robert Knox change to 50% Ow	mership - MGR	
	 _	-
	·	
	-	
	<u>-</u>	
		-
	<u>.</u>	
ective date, if other than the da	te of filing:	(optional)
effective date is listed, the date must be	specific and cannot be prior to date of filin	g or more than 90 days after filing.) Pursuant to 605.020
ument's effective date on the Depa	does not meet the applicable statutor; riment of State's records.	y filing requirements, this date will not be listed a
		* *
cord specifies a delayed effective da	ue, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day afterathe
s filed.		. .
May 21	2024	;; ;;
ed May 21		· , ,
K.I .	K_{n-n}	
_ Neuros	nature of a member or authorized represer	

Filing Fee: \$25.00