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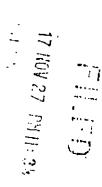
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COVER LETTER

TO: Registration S Division of Co.	ection orporations	
B & K Flo	orida Investsments, LLC	
SUBJECT:	Name of Limited Liability Company	
	f Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following:	
	Matthew Ladyman	
	Name of Person	
	Nishad Khan, PL	
	Firm/Company	
	617 E. Colonial Dr.	
	Address	
	Orlando, FL 32803	
	City/State and Zip Code matthew@nishadkhanlaw.com	
	E-mail address: (to be used for future annual rep	ert notification)
For further information c	concerning this matter, please call:	
Matthew Ladyman	407 228-9 at ()	711
Name o	of Person Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status	Certificate of Status & Certified Copy (additional 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

B & K Florida Investments, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>8/24/2012</u>	and assigned
Florida document number L12000109170		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADDRESS)	-	55
		13.
Enter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		
	·-·	-
B. If amending the registered agent and/or registered of cegistered agent and/or the new registered office address he	office address on our records, <u>ent</u> <u>re</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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	Haseeba Khan		■ Add
			□ Remove
			Change
			Add
			□ Remove
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			Change.

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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	_ No 21, 2017 ,
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00