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04/22/21 5.C.

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: BK BISCALIDE PLAZA, UC. Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Anne-Marie Valla Name of Person
	RK Centers Firm/Company
	50 Cabot St Swite 200
	Needham, MA 02494 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
A	Name of Person at (781) 320 0001 Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
X 52	25.00 Filing Fee Sad.00 Filing Fee & Sol.00 Filing Fee & Sol.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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 TO ARTICLES OF ORGANIZATION OF

RK Biscarn	e Plaza, L	LC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on ounited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Comp Florida document number L12CC142201.	pany were filed on	5 20 12 and as	ssigned
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 contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "f	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		202	(<i>y</i>)
B. If amending the registered agent and/or registered of	Tice address on our records		vy rogistoro
agent and/or the new registered office address here:	nee address on our records	, enter the hame of each	iw registere
		2 - 1	O
Name of New Registered Agent:		- Ξ	
New Registered Office Address:			
	Enter Florida stree	et address	
	City	, Florida Zip Code	
	City .	zip Coae	

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 Persón(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>	Name	Address	Type of Action
MGR	David Katz	50 Cabet St, Suite 200	[\vec{1}{2}]\wideleddd
		50 Cabet St, Suite 200 Needham, MA 02494	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change
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is filed.	
	The 90th day after th
nted February 26, 2021.	
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Signature of a member or authorized epresentative of a member	