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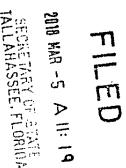
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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# **COVER LETTER**

Division of Corporations	
SUBJECT: Charge Ware  Name of Limited Liability Company	
ne coclosed Articles of Amendment and fee(s) are submitted for filling.	
Byan Deptla Name of Person  BKD Partners -> BKD L Firm/Company	EGOERS
7251 N.W. 5#54.	
Plantation, FL 33317 City/State and Zip Code  brygn & bkd leaders. com  B-mail address: (to be used for future annual report notification)	
Kristus Deptila at 206 914-6938  Name of Person Area Code Daytime Telephone Number Stripes	FILED
Enclosed is a check for the following amount:    S25.00 Filing Fee	Fee. Status &

MAILING ADDRESS:

Registration Section

TO:

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

BKD Partners, (Name of the Limited Liability) (A Florida	V Campany as it now appears on our recor	rds.)
(A Flonda	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number $\underline{L}140001936$	ompany were filed on <u>1212;</u> 276	2114 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit  BKD Leaders LLC  The new name must be distinguishable and contain the words "Limit		.C" or the abbreviation "L.L C."
Enter new principal offices address. if applicable:  Principal office address MUST BE A STREET ADDR.	, , , , , , , , , , , , , , , , , , , ,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/A	
B. If amending the registered agent and/or regist		7.00 <b>3 7</b>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	lered office address on our recordess here;	SSERVING STATES
Name of New Registered Agent:		D D
New Registered Office Address:	Enter Florida street uddr	CS P
•		· · · · · · · · · · · · · · · · · · ·
	Cay	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
·			□ Add
			☐ Remove
		•	☐ Change
	<u> </u>		Add
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	,		SECRETARY OF STATE ORIDA
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PROPERTY - No. 40 to Alexander Maio Marien (Prop. Acc 1 to Alexander Anno 1900)	e - April 6 - Ap		and management of the second o	n and a control to a control to the control of the	
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Page 3 of 3

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