## L150000 11739

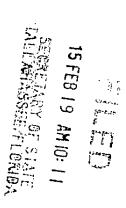
(Re	equestor's Name)	
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## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	B.K./	A. FL, LLC	
SUBSECT.	Name of Lim	ited Liability Company	
• . The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
		Betty M. Coello	
		Name of Person	
		Firm/Company	<del></del>
		9234 SW 132 ST	
		Address	
		MIAMI, FL 33176	
	hie	City/State and Zip Code nescoellob@gmail.com	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ali:	
Richard Rivas		202 656-3344	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

B.K.A. FL, LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L15000011739</u> .	y were filed on January 20, 2015 and assigned		
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 end with the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	RICHARD RIVAS c/o B.K.A. FL, LLC		
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 267152		
	FORT LAUDERDALE, FL 33326		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:	—————————————————————————————————————		
New Registered Office Address:	TE TE		
	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 ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
Betty M. Coello	9234 SW 132 ST	<b>■</b> Add
	MIAMI, FL 33176	□ Remove
AMBR Katherine C. Ghinaglia	9234 SW 132 ST	
	MIAMI, FL 33176	□ Remove
AMBR Armando J. Ghinaglia	9234 SW 132 ST	<b>=</b> Add
	MIAMI, FL 33176	□ Remove
MGR BETTY COELLO	357 LAKEVIEW DRIVE, #102	
	WESTON, FL 33326	Remove
		5 FEB
RICHARD RIVAS	357 LAKEVIEW DRIVE, #102	
	WESTON, FL 33326	Remove
		Remove
	Katherine C. Ghinaglia  Armando J. Ghinaglia  BETTY COELLO	Betty M. Coello   9234 SW 132 ST   MIAMI, FL 33176

Add The Following Article: Article VI
The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.
Effective date, if other than the date of filing: (optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated <u>January</u> 20, 2015,
Signature of a member or authorized representative of a member
BETTY M. COELLO
There are added as a distance of signing

Page 3 of 3

Filing Fee: \$25.00

