L150000117391

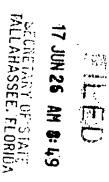
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COVER LETTER

	Registration Sec Division of Corp				
CHD IECT	B.K.A. FL, 1	CLC			
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ited Liability Company		
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please ren	ırn all correspon	dence concerning this matter	to the following:		
		Betty Coello			
			Name of Person		
		B.K.A. FL, LLC			
			Firm/Company		
		14515 SW 58th Ter			
			Address		
		Miami, FL 33183-1035			
		-	City/State and Zip Code		•
		bettym2005@hotmail.com			
		E-mail address: (1	to be used for future annual rep	oort notification)	
For further	r information co	ncerning this matter, please ca	all:		
Betty Coe	llo		954 609 1 at ()		
	Name of	Person	Area Code	Daytime Telephone Number	,
Enclosed i	is a check for the	following amount:			
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &

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.A.	FL, LLC	
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records, d Liability Company))
The Articles of Organization for this Limited I Florida document number L15000011739	Liability Compar	ny were filed on January 20, 2015	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	ability company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if applia (Principal office address MUST BE A STRE	cable:	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		14515 SW 58th Ter	TO J
(Mailing address MAY BE A POST OFFICE	E BOX)	Miami, FL 33183-1035	AND NOTE OF THE PERSON OF THE
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new
Name of New Registered Agent:	Dr. Amilkar	Rafael Mata	
New Registered Office Address:	14515 SW 58		
		Enter Florida street address	
	Miami	, Flo	rida <u>33183-1035</u>
		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>I itie</u>	Name	Address	Type of Action
AMBR	Katherine C. Ghinaglia	9234 SW 132nd St	□ Add
		Miami, FL 33176	■ Remove
			Change
			Add
			Remove
		<u> </u>	Change
			□ Add
			Remove
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			Remove
			Change
Covered to the control of the contro		**************************************	□ Add
			☐ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sh	heets, if necessary.)
	<u>. </u>
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	0.00 6
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	n 90 days after filing.) Pursuant to 605,0207
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
Dated June 22, 2017	Coello
Signature of a member or authorized representative of a me	ambar

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00