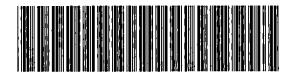
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SECRETARY OF STATE

K. SALY MAY -5 2017

## **COVER LETTER**

TO: Registration So Division of Cor	
SUBJECT:	B, Kekeeper LLC Name of Limited Etability Company
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
·	John Sillampoor
	Bitekerper LLC Firm/Company
	8961 Lake Worth Road, suite 173
	Lake Worth FL 33467 City/State and Zip Code
	JUNE 5. Hanpha & Dikek-e-epercom  E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
John S Name o	of Person at (954) 932 0456  Area Code Daytime Telephone Number
Enclosed is a check for the	the following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, Fl. 32301

# ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

ARTI	CLES OF ORGA	NIZATION		~
	OF	1		FILES
Distance	3084 11C			FILED 2017 MAY = 4 PM 4: 14 ECRETARY OF ST
(Name of the Limite	ed Liability Company as it n	ow appears on our record	ls.1 C	- "4 Du
	A Florida Limited Liability C	Company)	746	LAHJARY OF 14:14
Fine Articles of Organization for this Limited Linited Included the Control of th	ability Company were fit	ed on <u>05.01</u> 24	017.	ind assigned, FSTATE
Plorida document number <u>L 16 0000 2</u>	<u> 3497</u> .			URIDA
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability con	npany here:		
The new name must be distinguishable and contain the wo				
he new name must be distinguishable and contain the wo	ords "Elimited Liability Comp	any. the designation "LLC	" or the abbrevia	ion "L.L.C.
Enter new principal offices address, if applica	ible:	- <del>                                     </del>	· ·,.,·., · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			
<ol> <li>If amending the registered agent and/oregistered agent and/or the new registered off</li> </ol>		dress on our records	s, <u>enter the 1</u>	name of the new
		- , 11 _		
Name of New Registered Agent:	JUHO =	sillanpo	<u> 29</u>	
New Registered Office Address:	Juho S 5461 Lake	2 <i>CU3 x + U R</i> Enter Florida street addres	oad,s	uite 173
	Lake Wor	th Flo	orida <u>35</u>	467
	City		Zij	Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 = N $AMBR = A$	Ianager Authorized Member	FILE	)
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STALL AND TARK OF STALL AND	Type of Action
		-AMASSE STAT	□ Add
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f am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  2017 MAY  IALLAHASSEE, FLORE
	AHASSEE. FLOR
	·
fan c <mark>Note</mark>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	d 05.01, 2017
	Au & SA
	Signature of a member or authorized representative of a member
	Juho Sillanpaa

Page 3 of 3

Filing Fee: \$25.00