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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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09/19/16--01034--001 **25.00

Stb & Sale Sale

COVER LETTER

| Division of Co | rporations | |
|---------------------------------|--|--|
| SUBJECT: BQT CAP | ITAL, LLC Name of Limited Liability Company | |
| | | |
| The enclosed Articles of | Amendment and fee(s) are submitted for filing. | |
| Please return all correspondent | ondence concerning this matter to the following: | |
| | KARI AGOSTINO | |
| | Name of Person | |
| | BQT CAPITAL, LLC | |
| | Firm/Company | |
| | 10129 CANOE BROOK CIRCLE | |
| | Address | |
| | BOCA RATON, FL 33498 | ALL A |
| | City/State and Zip Code KAGOSTINO6@GMAIL.COM | |
| | E-mail address: (to be used for future annual report | notification) |
| For further information of | concerning this matter, please call: | |
| KARI AGOSTINO | 954 826-171 at () | 7 20 |
| Name o | | ytime Telephone Number |
| Enclosed is a check for t | the 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 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

| BQT CAPITAL, LLC | | | |
|---|--|---|--------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited I | Liability Company | were filed on 05/31/2016 | and assigned |
| This amendment is submitted to amend the fol | llowing: | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | • | • |
| Enter new principal offices address, if appli (Principal office address MUST BE A STRE | | 20423 5R-7, BOCA RATON, FL 33498 | STE. FL #366 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u> </u> | 20423 SR-7, BOLA RATON, FI | STE. FL 4 366 - 33498 |
| B. If amending the registered agent and registered agent and/or the new registered of | | | ter the name of the new |
| Name of New Registered Agent: | DANIEL DICK | ENSON | |
| New Registered Office Address: | 5550 GLADES | ROAD, SUITE 500 | 5 6 . |
| | BOCA RATON | Enter Florida street address , Florida | E-7 12 1 |
| | | CHY | ZID LOUE |

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 atties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Charter 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> | <u>Address</u> | Type of Action |
|--------------|----------------|--------------------------|-----------------------|
| MGRM | JOSEPH BARTHOL | 10129 CANOE BROOK CIRCLE | |
| | | BOCA RATON, FL 33498 | ■ Remove |
| | | | ☐ Change |
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| Effective date, if other than the date of filing: [Optional] In a cfilective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The 90th day after the record is filed. September 13 2016 Significant of a member or authorized representative of a member | | • | | | |
|--|---|---------------------------------------|-----------------------------------|--------------------------------------|-------------|
| Effective date, if other than the date of filing: | | | | | |
| Effective date, if other than the date of filing: | | | | | |
| Effective date, if other than the date of filing: | | | | | |
| Effective date, if other than the date of filing: (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to locument's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. SEPTEMBER 13 2016 | | | | | |
| Effective date, if other than the date of filing: (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to locument's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. SEPTEMBER 13 (Optional) (Optional) (A) (Optional) (Optiona | | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00