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COVER LETTER

Division of Corporations				
SUBJECT:	BDE INVES	TMENTS, LLC		
Name of Limited Liability Company				
The enclosed	l Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		DAVID HUPRICH		
			Name of Person	
		BDE INVESTMENTS, LLO	С	
			Firm/Company	·
		5182 MABRY DRIVE		
			Address	· · · · · · · · · · · · · · · · · · ·
		NAPLES, FL 34112		
			City/State and Zip Code	
		DAVIDHUPRICH@GMAIL	L.COM o be used for future annual report notifi	
ъ е и			·	cation)
For further in	itormation co	ncerning this matter, please cal	II : ,	
DAVID HUI	PRICH		239 287-2800 at ()	
Name of Person Area Code Daytime Telephone Num		Telephone Number		
Enclosed is a	check for the	following amount:		
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

BDE INVESTMENTS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	any were filed on 9/9/2016	and assigned
Florida document number L16000168820		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7.0
		2 2 2
		\$ X
B. If amending the registered agent and/or registered		ds, enter the name of the n
registered agent and/or the new registered office address	<u>here:</u>	
Name of New Registered Agent:		D S
· · · · · · · · · · · · · · · · · · ·		75
New Registered Office Address:	Enter Florida street addr	ess
	Ī	Florida
	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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAVID HUPRICH	5182 MABRY DRIVE	⊞ Add
		NAPLES, FL. 34112	☐ Remove
			□ Add
			Remove
			Change
			Remove Remove Remove
			□ Mad III III III III III III III III III I
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			Add
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ffect	ive date, if other than the date of filing: (optional)	<u> </u>	<u>ලා</u> ලබු	
ote:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date tent's effective date on the Department of State's records.) Pursua: will not	nt to 603 t be list	5.020° cd as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the	e earli	er o
ated	11(17(16			
	(1) - (1 h) - 1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00