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COVER LETTER

Division of Co	orporations		
OLID ID OT	lorida Investments 4, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Rhonda Malary		•
		Name of Person	
	Nishad Khan PL		
		Firm/Company	
	617 E. Colonial Drive		
		Address	
	Orlando, FL 32803		
		City/State and Zip Code	
	Rhonda@NishadKhanLaw, E-mail address: (com to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
Rhonda Malary		407 228-9711 at ()	
Name o	of Person	Area Code Daytime	e 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:

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

2017MAR -2 PM 12:02

B & K Florida Investments 4, LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 2, 2017 and assigned Florida document number L17000026886 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

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.

City

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>	Name	<u>Address</u>	Type of Action
MGR	Ihsan Khan	901 Armstrong Boulevard	Add
		Kissimmee, FL 34741	■ Remove
			☐ Change
MGR	Bashir H. Khan	901 Armstrong Boulevard	■ Add
		Kissimmee, FL 34741	☐ Remove
			☐ Change
			Add
			☐ Remove
			20 Change
	·		Add P C C C C Remove
			STATE Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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ffective date, if other than the data an effective date is listed, the date must blote: If the date inserted in this bloc ocument's effective date on the Depi	e specific and cannot be prior to c k does not meet the applicable	iate of filing or more than 90 days	
e record specifies a delayed of The 90th day after the recor	effective date, but not a d is filed.	n effective time, at 12:	01 a.m. on the earlier of:
March I	2017		
	Dulco		
_ lled	gnature of a member or authorize	ed representative of a member	

Page 3 of 3

Filing Fee: \$25.00