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| (Requestor's Name) | | | | | | |
|------------------------|--------------------------|--------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| | (City/State/Zip/Phone #) | | | | | |
| PICK-UF | P WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| | (Document Number) | | | | | |
| Certified Copies | Certificates of S | Status | | | | |
| Special Instructions | s to Filing Officer: | | | | | |
| # 38 | | | | | | |
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SECRETARY OF STATE
MALAHASSEE FLORIDA

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|------------------------------------------|-----------------------------|--------------------------|---------------------------------------|
| 2.1 | 504000 | 00 1) (| |
| SUBJECT: DV/K | Enterpris | ame of Limited Liability | Company |
| | | | |
| Dear Sir or Madam: | | | |
| The enclosed Statement | of Correction and fee(s) as | e submitted for filing. | |
| Please return all corresp | ondence concerning this m | atter to the following: | |
| | | | |
| Brooke, 1 | lan kirk | | |
| | Name of Person | | |
| | | | |
| | Firm/Company | | |
| _ | _ | ι | |
| U152 spri | ng isles B | MOV. | |
| | Address | | |
| lake w | City/State and Zip Code | 33443 | |
| | City/State and Zip Code | | |
| Byan | KINK DC @qr | nail.com | |
| E-mail address: (to | be used for future annual | report notification) | |
| | | | |
| For further information | concerning this matter, ple | ase call: | |
| | · | ~ · · | |
| Brooke VC | in kink | $\frac{994}{45000}$ | 049-30 かる Daytime Telephone Number |
| Name | of Person | Atea Code | Daytime Telephone Number |
| STREET/COURIER A | ADDRESS: | Mz | AILING ADDRESS: |
| Registration Section | _ | | gistration Section |
| Division of Corporation Clifton Building | S | | vision of Corporations D. Box 6327 |
| 2661 Executive Center | Circle | | lahassee, Florida 32314 |
| Tallahassee, Florida 323 | | - - | , |
| Enclosed is a check for | the following amount: | | |
| \$25 Filing Fee | \$30 Filing Fee & | \$55 Filing Fee & | \$60 Filing Fee, |
|) | Certificate of Status | Certified Copy | Certificate of Status & |
| | | | Certified Copy |
| CR2E062 (0/15) | | | • |

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| Pursuan | nt to section 605.0209, F.5 | S., this document is being submi | itted to correct a previously fi | iled document. | | |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|
| <u>FIRST</u> | : The name of the limited | liability company is: BVK | Enterprise | LLC | | |
| | | | | | | |
| SECON | ND: The Florida Do | cument number of the limited li | ability company is: LIT | 0000698 | דר | |
| THIRD | D: Document to be | corrected is: Ar + 1C18 S | of organizat | 000 | | |
| | (CHECK THE A | PPROPRIATE BOX AND CO | MPLETE THE APPLICA | BLE STATEMENT | | |
| X | Contains an incorrect statement are as follows | atement. The incorrect statemer | it, the reason the statement is | incorrect, and the corrected | | |
| | I put my n | nomer's name | as manager | on LLC | | |
| | and needs | to be change | ed from J | anet Van Kur | K | |
| | TO Brooke | Van Kirk ad | | spring see worm, 71-33 | Blv 340 | |
| | | The manner in which the docu | ment was defectively signed | and the appropriate correction | on are | |
| | | | | APP APP | **** * ; | |
| | | | | -t | Shirman Shirman Shirman | |
| | OR | | - | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | E. warming | |
| | The electronic transmis | sion of the record was defective. | | AUD. | The of | |
| | Signature of | Authorized Representative | | Date | | |
| | ure of new registered agering the designation). | nt, if applicable :(NOTE: if corr | ecting the registered agent, the | 1e new registered agent must | sign | |
| I hereb provision obligat reflect | by accept the appointment ions of all statutes relative tions of my position as reg a change in the registered change. | are, if changing Registered Ager as registered agent and agree to to the proper and complete per gistered agent as provided for in d office address, I hereby confir | o act in this capacity. I furthe formance of my duties, and I i Chapter 605, F.S. Or, if this m that the limited liability co | er agree to comply with the 'am familiar with and accept document is being filed to m mpany has been notified in w | t the verely | |
| | 101 | OOUL) OLD KUNA Registered A | gent's Cionature | | | |
| | | | | | | |
| | | Filing Fee: Certified Copy: | \$25.00 \$30.00 (optional) | | | |