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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BEK GVOLLING UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Address City/State and Zip Code (City/State and Zip Code (Lity/State and Zip Code) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 321, 805 1525 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30,00 Filing Fee & \$\Bigcup \$55,00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

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

B&K Carac	dung W	
(Name of the Limited Liability Com (A Florida Limite	pany as it now/appears on our records.) d Liability Company)	_
The Articles of Organization for this Limited Liability Compar	av were filed on $\frac{5-1-17}{3}$ and	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:),(13)	7 11
(Principal office address MUST BE A STREET ADDRESS)	- ON OF	12 15
Enter new mailing address, if applicable:		PH 2: 5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ime of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zîp (ode

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

Title Address Type of Action <u>Name</u> ess Brown 49980ren Brown Rd ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change

ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	you have my name spelled
	incorrect in your system.
	Please fix. It is KRISTEN
	BROWN.
	
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Effective	e date, if other than the date of filing: 5-1-17 (optional)
Note: If	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document	at's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
) The 9	Oth day after the record is filed.
Dated	Jul 14, 2017.
	X Eddin M
	Signature of a member or authorized representative of a member
	MY 15th N HOW
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00