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(Re	equestor's Name)	
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COVER LETTER

		MAILI	NG ADDRESS:	5	STREET/COURI	IER ADDRESS:		
\mathcal{A}	l is a cl		e following amount: S30.00 Filing Fee & Certificate of Status	□ \$55.00 Fili Certified (additional c		Certified	e of Status &	
	<u>011</u>	Name of	Person Person	at (<u>QC</u> Area C	ode Daytim	e Telephone Number		
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Ear find	wr info	rmation e	e-mail address oncerning this matter, please		e annual report not	ilication)		
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			Willia	Name of Pe	<u>Perry</u>			
Please re	etu r n al	I correspo	ndence concerning this matt	er to the following:				
				•				
The engl	ocad A	eticlus of	Amendment and fee(s) are s	ubmittad for filing				
			Name of L	imited Liability Com	pany			
SUBJEC	JT: _	BP	ENTERPRIS		LIVERY	UC		
TO:			porations					
TO:	Regist	ration Se	ction					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BP ENTER PR	21SES DE	LIVERY	LLC	
(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now a Limited Liability Comp	<u>ippears on our rec</u> oany)	ords.)	
The Articles of Organization for this Limited Liability Co	ompany were filed o	on <u>06 38</u>	12017	_ and assigned
Florida document number <u>L 1700014047</u>	<u>त</u> ्रे.	- 1	1	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability compa	ny here:		
The new name must be distinguishable and contain the words "Limitation of the contain the contain the words "Limitation of the contain th	ited Liability Company,	" the designation "L	LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR.	<u>'ESS)</u>			·
	 		<u>.</u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or regist	tered office addre	ss on our reco	rds, enter the	e name of the r
registered agent and/or the new registered office addr				
Name of New Registered Agent:			:	_
New Registered Office Address:	Ent	er Florida street ada	lress	
<u> </u>			Florida	Zip Code
	Сиу			Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:			· -
I hereby accept the appointment as registered agent a	md agree to act in	this capacity, I	further agree	to comply with.

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

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	William K Perry	4745 Malony Place	X Add
		Sarasota FL 34241	Remove
			☐ Change
			Add
			Remove
			Change
			Add
			D Remove
			Change
		, Hay-	🗆 Add
			□ Remove
			🗆 Change
			Remove
			Change -
			🖸 Add -
		 	□ Remove
			Change

	- 1
(If an el Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	5 AUG 2017.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00