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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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2020 J. 121 AH II: 15

C. GOLDEN FEB 1 8 2020

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

BASE-K PA	ARTNERS, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bryan A. Kutchins, Esquir	e	
		Name of Person	
	Attorney & Counselor at L	aw	
		Firm/Company	 _
	3980 Tampa Raod, Suite 1	01 G-H	
		Address	
	Oldsmar, FL 34677		
	•	City/State and Zip Code	
	kutchins@msn.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Bryan A. Kutchins, Esq.		813 855-4663	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Se	ection
Division of C	orporations	Division of Cor	rporations
P.O. Box 632	7	The Centre of 1	Fallahacsee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BASE-K PARTNERS, LLC		2020 J. 21 AMII: 15
(Name of the Limited Liab (A Flori	oility Company as it now appears on our records. ida Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on 8-2-2017	and assigned
Florida document number L17000164792		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
BASE-K2 VENTURE PARTNERS, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	15.	
B. If amending the registered agent and/or register		he 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	
	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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than the an effective date is listed, the date mistote: If the date inserted in this becoment's effective date on the I	ust be specific and cannot be block does not meet the ap	plicable statutory fi	r more than 90 days after ling requirements, this	filing.) Pursuant to 605.0207
record specifies a delayed effecti l is filed.	ve date, but not an effecti	ve time, at 12:01 a.r	m. on the earlier of: (b)	The 90th day after the
	2020			
ated	. 2020	·		
January 16 January 16	Signature of a member or	authorized representati	ive of a member	

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